

Fill in this information to identify your case:

United States Bankruptcy Court for the:

NORTHERN DISTRICT OF ILLINOIS

Case number (if known) Chapter 11

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

06/22

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Kumas Holdings, LLC

2. All other names debtor used in the last 8 years

Include any assumed names, trade names and doing business as names

3. Debtor's federal Employer Identification Number (EIN) 81-4437492

4. Debtor's address Principal place of business Mailing address, if different from principal place of business

2900 W. Belmont Ave.  
Chicago, IL 60618

Number, Street, City, State & ZIP Code

Cook

County

P.O. Box, Number, Street, City, State & ZIP Code

Location of principal assets, if different from principal place of business

Number, Street, City, State & ZIP Code

5. Debtor's website (URL)

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership (excluding LLP)

☐ Other. Specify:

Debtor **Kumas Holdings, LLC**  
Name

Case number (if known)

**7. Describe debtor's business**

A. Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☒ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

**8. Under which chapter of the Bankruptcy Code is the debtor filing?**

Check one:

- ☐ Chapter 7
- ☐ Chapter 9

☒ Chapter 11. Check **all** that apply:

A debtor who is a "small business debtor" must check the first sub-box. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box.

- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☒ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11**. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**

- ☒ No.
- ☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

Debtor **Kumas Holdings, LLC** Case number (if known) \_\_\_\_\_  
Name

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor? ☐ No ☒ Yes.

List all cases. If more than 1, attach a separate list

Debtor	<b>Ronald Cain</b>	Relationship	<b>Manager/Trust Member of Debtor</b>
District	<b>Northern District of Illinois</b>	When	<b>5/17/24</b>
		Case number, if known	<b>24-07158</b>

11. Why is the case filed in this district? Check all that apply:
- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention? ☒ No ☐ Yes.
- Answer below for each property that needs immediate attention. Attach additional sheets if needed.
- Why does the property need immediate attention? (Check all that apply.)**
- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.  
What is the hazard? \_\_\_\_\_
- ☐ It needs to be physically secured or protected from the weather.
- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
- ☐ Other \_\_\_\_\_
- Where is the property?** \_\_\_\_\_  
Number, Street, City, State & ZIP Code
- Is the property insured?**
- ☐ No
- ☐ Yes. Insurance agency \_\_\_\_\_  
Contact name \_\_\_\_\_  
Phone \_\_\_\_\_

#### Statistical and administrative information

13. Debtor's estimation of available funds Check one:
- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors
- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000   | <input type="checkbox"/> 25,001-50,000     |
| <input type="checkbox"/> 50-99           | <input type="checkbox"/> 5001-10,000   | <input type="checkbox"/> 50,001-100,000    |
| <input type="checkbox"/> 100-199         | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999         |  |  |

15. Estimated Assets
- |  |  |  |
|--|--|--|
| <input type="checkbox"/> \$0 - \$50,000                  | <input type="checkbox"/> \$1,000,001 - \$10 million    | <input type="checkbox"/> \$500,000,001 - \$1 billion     |
| <input checked="" type="checkbox"/> \$50,001 - \$100,000 | <input type="checkbox"/> \$10,000,001 - \$50 million   | <input type="checkbox"/> \$1,000,000,001 - \$10 billion  |
| <input type="checkbox"/> \$100,001 - \$500,000           | <input type="checkbox"/> \$50,000,001 - \$100 million  | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million         | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion          |

Debtor **Kumas Holdings, LLC** Case number (if known) \_\_\_\_\_  
Name

**16. Estimated liabilities**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> \$0 - \$50,000          | <input checked="" type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion     |
| <input type="checkbox"/> \$50,001 - \$100,000    | <input type="checkbox"/> \$10,000,001 - \$50 million           | <input type="checkbox"/> \$1,000,000,001 - \$10 billion  |
| <input type="checkbox"/> \$100,001 - \$500,000   | <input type="checkbox"/> \$50,000,001 - \$100 million          | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million         | <input type="checkbox"/> More than \$50 billion          |

Debtor **Kumas Holdings, LLC**  
Name

Case number (if known)

**Request for Relief, Declaration, and Signatures**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature  
of authorized  
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **June 11, 2024**  
MM / DD / YYYY

**X /s/ Ronald R. Cain**  
Signature of authorized representative of debtor  
  
Title **Managing Member**

**Ronald R. Cain**  
Printed name

**18. Signature of attorney**

**X /s/ David K. Welch**  
Signature of attorney for debtor

Date **June 11, 2024**  
MM / DD / YYYY

**David K. Welch 06183621**  
Printed name

**Burke, Warren, MacKay & Serritella, P.C.**  
Firm name

**330 N. Wabash  
21st Floor  
Chicago, IL 60611**

Number, Street, City, State & ZIP Code

Contact phone **312-840-7122**

Email address **dwelch@burkelaw.com**

**06183621 IL**

Bar number and State

Debtor **Kumas Holdings, LLC**  
Name

Case number (if known)

**Request for Relief, Declaration, and Signatures**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature  
of authorized  
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 06/10/24  
MM / DD / YYYY

**X**

Signature of authorized representative of debtor

**Ronald R. Cain**

Printed name

Title **Managing Member**

**18. Signature of attorney**

**X**

Signature of attorney for debtor

Date

MM / DD / YYYY

**David K. Welch 06183621**

Printed name

**Burke, Warren, MacKay & Serritella, P.C.**

Firm name

**330 N. Wabash**

**21st Floor**

**Chicago, IL 60611**

Number, Street, City, State & ZIP Code

Contact phone **312-840-7122**

Email address **dwelch@burkelaw.com**

**06183621 IL**

Bar number and State

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

CLIENT'S COPY

PORTE BROWN LLC  
845 OAKTON STREET  
ELK GROVE VILLAGE, IL 60007

KUMAS HOLDINGS LLC  
2900 W. BELMONT AVE  
CHICAGO, IL 60618

|||||||





SEPTEMBER 14, 2022

KUMAS HOLDINGS LLC  
2900 W. BELMONT AVE  
CHICAGO, IL 60618

DEAR CLIENT,

WE HAVE PREPARED AND ENCLOSED YOUR **2021 LIMITED LIABILITY COMPANY** RETURNS FOR THE YEAR ENDED **DECEMBER 31, 2021**.

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. PLEASE SIGN, DATE, AND RETURN FORM 8879-PE TO OUR OFFICE. WE WILL THEN SUBMIT YOUR ELECTRONIC RETURN TO THE IRS. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE IRS.

**ASAP** - RETURN FEDERAL FORM 8879-PE TO US, BUT NO LATER THAN: **BY SEPTEMBER 15, 2022**.

NO PAYMENT IS REQUIRED WITH THIS RETURN WHEN FILED.

THE ILLINOIS FORM IL-1065 RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. PLEASE SIGN, DATE AND RETURN FORM 8879-SO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IDOR. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IDOR. RETURN FORM 8879-SO TO US BY OCTOBER 17, 2022.

NO PAYMENT IS REQUIRED WITH THIS RETURN WHEN FILED.

ATTACHED ARE SCHEDULES K-1 FOR ALL MEMBERS INDICATING THEIR SHARE OF INCOME, DEDUCTIONS AND CREDITS TO BE REPORTED ON THEIR RESPECTIVE TAX RETURNS. THESE SCHEDULES SHOULD BE IMMEDIATELY FORWARDED TO EACH OF THE MEMBERS.

COPIES OF THE RETURNS ARE ENCLOSED FOR YOUR FILES.

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS REGARDING THE RETURNS.

VERY TRULY YOURS,

RACHEL VONDRASEK

**Porte Brown LLC**

845 Oakton St  
Elk Grove Village, IL 60007

1752 Capital St, Suite 400  
Elgin, IL 60124

909 Davis St, Suite 500  
Evanston, IL 60201

4123 W. Shamrock Ln  
McHenry, IL 60050

18400 West Creek Dr  
Tinley Park, IL 60477

## **2021 TAX RETURN FILING INSTRUCTIONS**

U.S. RETURN OF PARTNERSHIP INCOME

**FOR THE YEAR ENDING**  
DECEMBER 31, 2021

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**PREPARED FOR:**

KUMAS HOLDINGS LLC  
2900 W. BELMONT AVE  
CHICAGO, IL 60618

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**PREPARED BY:**

PORTE BROWN LLC  
845 OAKTON STREET  
ELK GROVE VILLAGE, IL 60007

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**TO BE SIGNED AND DATED BY:**

A MEMBER OF THE LLC

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**AMOUNT OF TAX:**

NOT APPLICABLE

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**ELECTRONIC FILING OR MAILING INSTRUCTIONS (IF APPLICABLE):**

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. PLEASE SIGN, DATE, AND RETURN FORM 8879-PE TO OUR OFFICE ASAP. WE WILL THEN SUBMIT YOUR ELECTRONIC RETURN.

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**FORMS TO BE DISTRIBUTED TO PARTNERS:**

ENCLOSED ARE COPIES OF SCHEDULE K-1 TO BE DISTRIBUTED TO THE MEMBERS.

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**RETURN MUST BE MAILED ON OR BEFORE:**

**ASAP - RETURN FEDERAL FORM 8879-PE TO US, BUT NO LATER THAN: BY SEPTEMBER 15, 2022.**

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**SPECIAL INSTRUCTIONS:**

DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE IRS.

Form **8879-PE**Department of the Treasury  
Internal Revenue Service**E-file Authorization for Form 1065**

(For return of partnership income or administrative adjustment request)

▶ **ERO must obtain and retain completed Form 8879-PE.**▶ **Go to [www.irs.gov/Form8879PE](http://www.irs.gov/Form8879PE) for the latest information.**

OMB No. 1545-0123

**2021**

For calendar year 2021, or tax year beginning , 2021, ending , 20

Name of partnership

**KUMAS HOLDINGS LLC**

Employer identification number

**81-4437492****Part I Form 1065 Information** (Whole dollars only)

1	Gross receipts or sales less returns and allowances (Form 1065, line 1c)	1	361,870.
2	Gross profit (Form 1065, line 3)	2	361,870.
3	Ordinary business income (loss) (Form 1065, line 22)	3	100,721.
4	Net rental real estate income (loss) (Form 1065, Schedule K, line 2)	4	
5	Other net rental income (loss) (Form 1065, Schedule K, line 3c)	5	

**Part II Declaration and Signature Authorization of Partner or Member or Partnership Representative**

I declare under penalties of perjury that:

- 1a. If the Form 1065 is being transmitted as part of a return of partnership income, I am a partner or member of the named partnership.
- b. If the Form 1065 is being transmitted as part of an administrative adjustment request (AAR), I am the partnership representative (PR) of the named partnership.
2. I have examined a copy of the partnership's electronic Form 1065 (whether used as return or AAR) and accompanying forms, schedules, and statements, and to the best of my knowledge and belief, it/they is/are true, correct, and complete.
3. I am fully authorized to sign the return or AAR on behalf of the partnership.
4. The amounts shown in Part I above are the amounts shown on the electronic copy of the partnership's Form 1065.
5. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to transmit the partnership's return or AAR to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission and (b) the reason for any delay in processing the return or AAR.
6. I have selected a personal identification number (PIN) as my signature for the partnership's electronic return of partnership income or AAR.

**Partner's or Member or PR PIN: check one box only**

☒ I authorize **PORTE BROWN LLC** to enter my PIN **34630**  
**ERO firm name** **Don't enter all zeros**  
 as my signature on the partnership's 2021 electronically filed return of partnership income or AAR.

☐ As a Partner or Member or PR of the partnership, I will enter my PIN as my signature on the partnership's 2021 electronically filed return of partnership income or AAR..

Partner or Member or PR signature ▶

Title ▶ **MEMBER**

Date ▶

**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

**36201166666****Don't enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return of partnership income or AAR for the partnership indicated above. I confirm that I am submitting this return or AAR in accordance with the requirements of **Pub. 3112**, IRS *e-file* Application and Participation, and **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature ▶

Date ▶

**ERO Must Retain This Form - See Instructions**  
**Don't Submit This Form to the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see instructions.

Form **8879-PE** (2021)

Form <b>1065</b>		<b>U.S. Return of Partnership Income</b>			OMB No. 1545-0123	
Department of the Treasury Internal Revenue Service		For calendar year 2021, or tax year beginning _____, ending _____			<b>2021</b>	
		▶ Go to <a href="http://www.irs.gov/Form1065">www.irs.gov/Form1065</a> for instructions and the latest information.				
<b>A</b> Principal business activity <b>INTANGIBLE ASSET</b>	Type or Print	Name of partnership <b>KUMAS HOLDINGS LLC</b>			D Employer identification number <b>81-4437492</b>	
<b>B</b> Principal product or service <b>INTELLETUAL PRO</b>		Number, street, and room or suite no. If a P.O. box, see instructions. <b>2900 W. BELMONT AVE</b>			E Date business started <b>11/11/2016</b>	
<b>C</b> Business code number <b>533110</b>		City or town, state or province, country, and ZIP or foreign postal code <b>CHICAGO IL 60618</b>			F Total assets <b>\$ 3,771,371.</b>	
<b>G</b> Check applicable boxes: (1) <input type="checkbox"/> Initial return (2) <input type="checkbox"/> Final return (3) <input type="checkbox"/> Name change (4) <input type="checkbox"/> Address change (5) <input type="checkbox"/> Amended return <b>H</b> Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶ _____ <b>I</b> Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year ▶ <b>2</b> <b>J</b> Check if Schedules C and M-3 are attached ..... ▶ <input type="checkbox"/> <b>K</b> Check if partnership: (1) <input type="checkbox"/> Aggregated activities for section 465 at-risk purposes (2) <input type="checkbox"/> Grouped activities for section 469 passive activity purposes						
<b>Caution:</b> Include <b>only</b> trade or business income and expenses on lines 1a through 22 below. See instructions for more information.						
Income	<b>1 a</b> Gross receipts or sales ..... <b>1a</b> <b>361,870.</b>					
	<b>b</b> Returns and allowances ..... <b>1b</b>					
	<b>c</b> Balance. Subtract line 1b from line 1a .....				<b>1c</b>	<b>361,870.</b>
	<b>2</b> Cost of goods sold (attach Form 1125-A) .....				<b>2</b>	
	<b>3</b> Gross profit. Subtract line 2 from line 1c .....				<b>3</b>	<b>361,870.</b>
	<b>4</b> Ordinary income (loss) from other partnerships, estates, and trusts (attach statement) .....				<b>4</b>	
	<b>5</b> Net farm profit (loss) (attach Schedule F (Form 1040)) .....				<b>5</b>	
	<b>6</b> Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797) .....				<b>6</b>	
Deductions (see instructions for limitations)	<b>7</b> Other income (loss) (attach statement) ..... <b>SEE STATEMENT 1</b>				<b>7</b>	<b>150,654.</b>
	<b>8 Total income (loss).</b> Combine lines 3 through 7 .....				<b>8</b>	<b>512,524.</b>
	<b>9</b> Salaries and wages (other than to partners) (less employment credits) .....				<b>9</b>	<b>18,984.</b>
	<b>10</b> Guaranteed payments to partners .....				<b>10</b>	
	<b>11</b> Repairs and maintenance .....				<b>11</b>	
	<b>12</b> Bad debts .....				<b>12</b>	
	<b>13</b> Rent .....				<b>13</b>	
	<b>14</b> Taxes and licenses ..... <b>SEE STATEMENT 2</b>				<b>14</b>	<b>37,771.</b>
	<b>15</b> Interest (see instructions) .....				<b>15</b>	
	<b>16 a</b> Depreciation (if required, attach Form 4562) ..... <b>16a</b>					
	<b>b</b> Less depreciation reported on Form 1125-A and elsewhere on return ..... <b>16b</b>				<b>16c</b>	
	<b>17</b> Depletion ( <b>Do not deduct oil and gas depletion.</b> ) .....				<b>17</b>	
<b>18</b> Retirement plans, etc. ....				<b>18</b>		
<b>19</b> Employee benefit programs .....				<b>19</b>		
<b>20</b> Other deductions (attach statement) ..... <b>SEE STATEMENT 3</b>				<b>20</b>	<b>355,048.</b>	
<b>21 Total deductions.</b> Add the amounts shown in the far right column for lines 9 through 20 .....				<b>21</b>	<b>411,803.</b>	
<b>22 Ordinary business income (loss).</b> Subtract line 21 from line 8 .....				<b>22</b>	<b>100,721.</b>	
Tax and Payments	<b>23</b> Interest due under the look-back method-completed long-term contracts (attach Form 8697) .....				<b>23</b>	
	<b>24</b> Interest due under the look-back method-income forecast method (attach Form 8866) .....				<b>24</b>	
	<b>25</b> BBA AAR imputed underpayment (see instructions) .....				<b>25</b>	
	<b>26</b> Other taxes (see instructions) .....				<b>26</b>	
	<b>27 Total balance due.</b> Add lines 23 through 26 .....				<b>27</b>	
	<b>28</b> Payment (see instructions) .....				<b>28</b>	
	<b>29 Amount owed.</b> If line 28 is smaller than line 27, enter amount owed .....				<b>29</b>	
	<b>30 Overpayment.</b> If line 28 is larger than line 27, enter overpayment .....				<b>30</b>	
<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than partner or limited liability company member) is based on all information of which preparer has any knowledge. ▶ Signature of partner or limited liability company member ..... ▶ Date .....					
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>RACHEL VONDRASEK</b>		Preparer's signature <b>RACHEL VONDRASEK</b>	Date	Check <input type="checkbox"/> if self-employed	PTIN <b>P01347030</b>
	Firm's name ▶ <b>PORTE BROWN LLC</b>				Firm's EIN ▶ <b>36-2663358</b>	
	Firm's address ▶ <b>845 OAKTON STREET ELK GROVE VILLAGE, IL 60007</b>				Phone no. <b>847-956-1040</b>	

Form 1065 (2021)

KUMAS HOLDINGS LLC

81-4437492 Page 2

**Schedule B Other Information**

<b>1</b> What type of entity is filing this return? Check the applicable box:	<b>Yes</b>	<b>No</b>
<b>a</b> <input type="checkbox"/> Domestic general partnership		
<b>b</b> <input type="checkbox"/> Domestic limited partnership		
<b>c</b> <input checked="" type="checkbox"/> Domestic limited liability company		
<b>d</b> <input type="checkbox"/> Domestic limited liability partnership		
<b>e</b> <input type="checkbox"/> Foreign partnership		
<b>f</b> <input type="checkbox"/> Other ▶		

  

<b>2</b> At the end of the tax year:	<b>Yes</b>	<b>No</b>
<b>a</b> Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization, or any foreign government own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership .....		<b>X</b>
<b>b</b> Did any individual or estate own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership .....	<b>X</b>	

  

<b>3</b> At the end of the tax year, did the partnership:	<b>Yes</b>	<b>No</b>
<b>a</b> Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (iv) below .....		<b>X</b>

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock

  

<b>b</b> Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below .....	<b>Yes</b>	<b>No</b>
		<b>X</b>

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital

  

<b>4</b> Does the partnership satisfy <b>all four</b> of the following conditions?	<b>Yes</b>	<b>No</b>
<b>a</b> The partnership's total receipts for the tax year were less than \$250,000.		
<b>b</b> The partnership's total assets at the end of the tax year were less than \$ 1 million.		
<b>c</b> Schedules K-1 are filed with the return and furnished to the partners on or before the due date (including extensions) for the partnership return.		
<b>d</b> The partnership is not filing and is not required to file Schedule M-3 ..... If "Yes," the partnership is not required to complete Schedules L, M-1, and M-2; item F on page 1 of Form 1065; or item L on Schedule K-1.		<b>X</b>

  

<b>5</b> Is this partnership a publicly traded partnership, as defined in section 469(k)(2)? .....	<b>Yes</b>	<b>No</b>
		<b>X</b>

  

<b>6</b> During the tax year, did the partnership have any debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt? .....	<b>Yes</b>	<b>No</b>
		<b>X</b>

  

<b>7</b> Has this partnership filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction? .....	<b>Yes</b>	<b>No</b>
		<b>X</b>

  

<b>8</b> At any time during calendar year 2021, did the partnership have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country ▶	<b>Yes</b>	<b>No</b>
		<b>X</b>

  

<b>9</b> At any time during the tax year, did the partnership receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the partnership may have to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts. See instructions .....	<b>Yes</b>	<b>No</b>
		<b>X</b>

  

<b>10 a</b> Is the partnership making, or had it previously made (and not revoked), a section 754 election? ..... See instructions for details regarding a section 754 election.	<b>Yes</b>	<b>No</b>
		<b>X</b>
<b>b</b> Did the partnership make for this tax year an optional basis adjustment under section 743(b) or 734(b)? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions .....		<b>X</b>

Form 1065 (2021)

KUMAS HOLDINGS LLC

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**Schedule B Other Information** (continued)

	Yes	No
<b>c</b> Is the partnership required to adjust the basis of partnership assets under section 743(b) or 734(b) because of a substantial built-in loss (as defined under section 743(d)) or substantial basis reduction (as defined under section 734(d))? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions		<b>X</b>
<b>11</b> Check this box if, during the current or prior tax year, the partnership distributed any property received in a like-kind exchange or contributed such property to another entity (other than disregarded entities wholly owned by the partnership throughout the tax year)		
<b>12</b> At any time during the tax year, did the partnership distribute to any partner a tenancy-in-common or other undivided interest in partnership property?		<b>X</b>
<b>13</b> If the partnership is required to file Form 8858, Information Return of U.S. Persons With Respect To Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), enter the number of Forms 8858 attached. See instructions		
<b>14</b> Does the partnership have any foreign partners? If "Yes," enter the number of Forms 8805, Foreign Partner's Information Statement of Section 1446 Withholding Tax, filed for this partnership		<b>X</b>
<b>15</b> Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached to this return		
<b>16 a</b> Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions		<b>X</b>
<b>b</b> If "Yes," did you or will you file required Form(s) 1099?		
<b>17</b> Enter the number of Forms 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations, attached to this return		
<b>18</b> Enter the number of partners that are foreign governments under section 892		
<b>19</b> During the partnership's tax year, did the partnership make any payments that would require it to file Form 1042 and 1042-S under chapter 3 (sections 1441 through 1464) or chapter 4 (sections 1471 through 1474)?		<b>X</b>
<b>20</b> Was the partnership a specified domestic entity required to file Form 8938 for the tax year? See the Instructions for Form 8938		<b>X</b>
<b>21</b> Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)?		<b>X</b>
<b>22</b> During the tax year, did the partnership pay or accrue any interest or royalty for which one or more partners are not allowed a deduction under section 267A? See instructions		<b>X</b>
If "Yes," enter the total amount of the disallowed deductions		\$
<b>23</b> Did the partnership have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions		<b>X</b>
<b>24</b> Does the partnership satisfy one or more of the following? See instructions		<b>X</b>
<b>a</b> The partnership owns a pass-through entity with current, or prior year carryover, excess business interest expense.		
<b>b</b> The partnership's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than \$26 million and the partnership has business interest.		
<b>c</b> The partnership is a tax shelter (see instructions) and the partnership has business interest expense. If "Yes" to any, complete and attach Form 8990.		
<b>25</b> Is the partnership attaching Form 8996 to certify as a Qualified Opportunity Fund?		<b>X</b>
If "Yes," enter the amount from Form 8996, line 15		\$
<b>26</b> Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership		
Complete Schedule K-3 (Form 1065), Part XIII, for each foreign partner subject to section 864(c)(8) on a transfer or distribution.		
<b>27</b> At any time during the tax year, were there any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8?		<b>X</b>
<b>28</b> Since December 22, 2017, did a foreign corporation directly or indirectly acquire substantially all of the properties constituting a trade or business of your partnership, and was the ownership percentage (by vote or value) for purposes of section 7874 greater than 50% (for example, the partners held more than 50% of the stock of the foreign corporation)? If "Yes," list the ownership percentage by vote and by value. See instructions.		
Percentage:	By Vote	By Value
		<b>X</b>
<b>29</b> Is the partnership electing out of the centralized partnership audit regime under section 6221(b)? See instructions		<b>X</b>
If "Yes," the partnership must complete Schedule B-2 (Form 1065). Enter the total from Schedule B-2, Part III, line 3		
If "No," complete Designation of Partnership Representative below.		

**Designation of Partnership Representative** (see instructions)

Enter below the information for the partnership representative (PR) for the tax year covered by this return.

Name of PR ► **RONALD R CAIN, THE RONALD R CAIN LIVING**U.S. address of PR ► **2900 W BELMONT AVE  
CHICAGO, IL 60618**U.S. phone number of PR ► **773-604-8769**

If the PR is an entity, name of the designated individual for the PR ►

U.S. address of designated individual ►

U.S. phone number of designated individual ►

<b>Schedule K Partners' Distributive Share Items</b>		<b>Total amount</b>	
<b>Income (Loss)</b>	<b>1</b> Ordinary business income (loss) (page 1, line 22)	<b>1</b>	100,721.
	<b>2</b> Net rental real estate income (loss) (attach Form 8825)	<b>2</b>	
	<b>3a</b> Other gross rental income (loss)	<b>3a</b>	
	<b>b</b> Expenses from other rental activities (attach statement)	<b>3b</b>	
	<b>c</b> Other net rental income (loss). Subtract line 3b from line 3a	<b>3c</b>	
	<b>4</b> Guaranteed payments: <b>a</b> Services <b>4a</b> <b>b</b> Capital <b>4b</b>		
	<b>c</b> Total. Add lines 4a and 4b	<b>4c</b>	
	<b>5</b> Interest income	<b>5</b>	
	<b>6</b> Dividends and dividend equivalents: <b>a</b> Ordinary dividends <b>6a</b> <b>b</b> Qualified dividends <b>6b</b> <b>c</b> Dividend equivalents <b>6c</b>		
	<b>7</b> Royalties	<b>7</b>	
	<b>8</b> Net short-term capital gain (loss) (attach Schedule D (Form 1065))	<b>8</b>	
<b>9a</b> Net long-term capital gain (loss) (attach Schedule D (Form 1065))	<b>9a</b>		
<b>b</b> Collectibles (28%) gain (loss)	<b>9b</b>		
<b>c</b> Unrecaptured section 1250 gain (attach statement)	<b>9c</b>		
<b>10</b> Net section 1231 gain (loss) (attach Form 4797)	<b>10</b>		
<b>11</b> Other income (loss) (see instructions) Type ▶	<b>11</b>		
<b>Deductions</b>	<b>12</b> Section 179 deduction (attach Form 4562)	<b>12</b>	4,349.
	<b>13a</b> Contributions	<b>13a</b>	
	<b>b</b> Investment interest expense	<b>13b</b>	
	<b>c</b> Section 59(e)(2) expenditures: <b>(1)</b> Type ▶ <b>(2)</b> Amount ▶	<b>13c(2)</b>	
<b>d</b> Other deductions (see instructions) Type ▶	<b>13d</b>		
<b>Self-Employment</b>	<b>14a</b> Net earnings (loss) from self-employment	<b>14a</b>	80,577.
	<b>b</b> Gross farming or fishing income	<b>14b</b>	
	<b>c</b> Gross nonfarm income	<b>14c</b>	410,020.
<b>Credits</b>	<b>15a</b> Low-income housing credit (section 42(j)(5))	<b>15a</b>	
	<b>b</b> Low-income housing credit (other)	<b>15b</b>	
	<b>c</b> Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	<b>15c</b>	
	<b>d</b> Other rental real estate credits (see instructions) Type ▶	<b>15d</b>	
	<b>e</b> Other rental credits (see instructions) Type ▶	<b>15e</b>	
	<b>f</b> Other credits (see instructions) Type ▶	<b>15f</b>	
<b>International Transactions</b>	<b>16</b> Attach Schedule K-2 (Form 1065), Partners' Distributive Share Items-International, and check this box to indicate that you are reporting items of international tax relevance <input type="checkbox"/>		
<b>Alternative Tax (AMT) Items</b>	<b>17a</b> Post-1986 depreciation adjustment	<b>17a</b>	
	<b>b</b> Adjusted gain or loss	<b>17b</b>	
	<b>c</b> Depletion (other than oil and gas)	<b>17c</b>	
	<b>d</b> Oil, gas, and geothermal properties - gross income	<b>17d</b>	
	<b>e</b> Oil, gas, and geothermal properties - deductions	<b>17e</b>	
	<b>f</b> Other AMT items (attach statement)	<b>17f</b>	
<b>Other Information</b>	<b>18a</b> Tax-exempt interest income	<b>18a</b>	
	<b>b</b> Other tax-exempt income <b>SEE STATEMENT 4</b>	<b>18b</b>	65,667.
	<b>c</b> Nondeductible expenses	<b>18c</b>	
	<b>19a</b> Distributions of cash and marketable securities	<b>19a</b>	
	<b>b</b> Distributions of other property	<b>19b</b>	
	<b>20a</b> Investment income	<b>20a</b>	
	<b>b</b> Investment expenses	<b>20b</b>	
	<b>c</b> Other items and amounts (attach statement) <b>STMT 5</b>		
<b>21</b> Total foreign taxes paid or accrued	<b>21</b>		

**Analysis of Net Income (Loss)**

1 Net income (loss). Combine Schedule K, lines 1 through 11. From the result, subtract the sum of Schedule K, lines 12 through 13d, and 21						1	96,372.
2 Analysis by partner type:	(i) Corporate	(ii) Individual (active)	(iii) Individual (passive)	(iv) Partnership	(v) Exempt Organization	(vi) Nominee/Other	
a General partners							
b Limited partners		77,098.					19,274.

**Schedule L Balance Sheets per Books**

Assets	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
1 Cash		7,482.		534,004.
2a Trade notes and accounts receivable				
b Less allowance for bad debts				
3 Inventories				
4 U.S. government obligations				
5 Tax-exempt securities				
6 Other current assets (attach statement)	STATEMENT 6			328,476.
7a Loans to partners (or persons related to partners)				
b Mortgage and real estate loans				
8 Other investments (attach statement)				
9a Buildings and other depreciable assets			4,349.	
b Less accumulated depreciation			4,349.	
10a Depletable assets				
b Less accumulated depletion				
11 Land (net of any amortization)				
12a Intangible assets (amortizable only)	4,400,000.		4,400,000.	
b Less accumulated amortization	1,197,776.	3,202,224.	1,491,109.	2,908,891.
13 Other assets (attach statement)				
14 Total assets		3,209,706.		3,771,371.
<b>Liabilities and Capital</b>				
15 Accounts payable				
16 Mortgages, notes, bonds payable in less than 1 year				
17 Other current liabilities (attach statement)	STATEMENT 7		108,764.	292,132.
18 All nonrecourse loans				
19a Loans from partners (or persons related to partners)		48,944.		41,769.
b Mortgages, notes, bonds payable in 1 year or more		3,312,700.		3,505,700.
20 Other liabilities (attach statement)				
21 Partners' capital accounts		-260,702.		-68,230.
22 Total liabilities and capital		3,209,706.		3,771,371.

**Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return**

Note: The partnership may be required to file Schedule M-3. See instructions.

1 Net income (loss) per books	192,472.	6 Income recorded on books this year not included on Schedule K, lines 1 through 11 (itemize):	
2 Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11, not recorded on books this year (itemize):		a Tax-exempt interest \$	
3 Guaranteed payments (other than health insurance)		STMT 8	96,100.
4 Expenses recorded on books this year not included on Schedule K, lines 1 through 13d, and 21 (itemize):		7 Deductions included on Schedule K, lines 1 through 13d, and 21, not charged against book income this year (itemize):	
a Depreciation \$		a Depreciation \$	
b Travel and entertainment \$		8 Add lines 6 and 7	96,100.
5 Add lines 1 through 4	192,472.	9 Income (loss) (Analysis of Net Income (Loss), line 1). Subtract line 8 from line 5	96,372.

**Schedule M-2 Analysis of Partners' Capital Accounts**

1 Balance at beginning of year	-398,481.	6 Distributions: a Cash	
2 Capital contributed: a Cash		b Property	
b Property		7 Other decreases (itemize):	
3 Net income (loss) (see instructions)	96,372.	8 Add lines 6 and 7	
4 Other increases (itemize): STMT 9	65,667.	9 Balance at end of year. Subtract line 8 from line 5	-236,442.
5 Add lines 1 through 4	-236,442.		



**Statement for Revenue Procedure 2021-48**

Taxpayer's Name KUMAS HOLDINGS LLC  
Taxpayer's Address 2900 W. BELMONT AVE  
CHICAGO, IL 60618  
Taxpayer's SSN/EIN 81-4437492

The taxpayer is applying the following sections of Revenue Procedure 2021-48 of tax year 2021 :

**SECTION 3.01(1)**

Year of Loan	Description	Tax-Exempt Income	Was the loan forgiven as of the date of the return is filed?
2021	PPP LOAN FORGIVENESS	65,667.	Y

**SCHEDULE B-1  
(Form 1065)**(Rev. August 2019)  
Department of the Treasury  
Internal Revenue Service**Information on Partners Owning 50% or  
More of the Partnership**

▶ Attach to Form 1065.

OMB No. 1545-0123

▶ Go to [www.irs.gov/Form1065](http://www.irs.gov/Form1065) for the latest information.

Name of partnership

Employer identification number

KUMAS HOLDINGS LLC

81-4437492

**Part I Entities Owning 50% or More of the Partnership** (Form 1065, Schedule B, Question 2a (Question 3a for 2009 through 2017))

Complete columns (i) through (v) below for any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, tax-exempt organization, or any foreign government that owns, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership (see instructions).

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital

**Part II Individuals or Estates Owning 50% or More of the Partnership** (Form 1065, Schedule B, Question 2b (Question 3b for 2009 through 2017))

Complete columns (i) through (iv) below for any individual or estate that owns, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership (see instructions).

(i) Name of Individual or Estate	(ii) Identifying Number (if any)	(iii) Country of Citizenship (see instructions)	(iv) Maximum Percentage Owned in Profit, Loss, or Capital
RONALD R CAIN, THE RONALD R CAIN LIVING T		UNITED STATES	80.00

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1065.

Schedule B-1 (Form 1065) (Rev. 8-2019)

Form **4562****Depreciation and Amortization**

(Including Information on Listed Property)

OTHER

1

OMB No. 1545-0172

**2021**Attachment  
Sequence No. **179**Department of the Treasury  
Internal Revenue Service (99)▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

▶ Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

**KUMAS HOLDINGS LLC****PARTNERSHIP ACTIVITY****81-4437492****Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,050,000.
2	Total cost of section 179 property placed in service (see instructions)	2	4,349.
3	Threshold cost of section 179 property before reduction in limitation	3	2,620,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	1,050,000.
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
16	IN MAC COMPUTER	4,349.	4,349.
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	4,349.
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	4,349.
10	Carryover of disallowed deduction from line 13 of your 2020 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	100,721.
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	4,349.
13	Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

**Part III MACRS Depreciation (Don't include listed property. See instructions.)****Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2021	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

**Section B - Assets Placed in Service During 2021 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

**Section C - Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year	/		30 yrs.	MM	S/L	
d 40-year	/		40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Form 4562 (2021)

KUMAS HOLDINGS LLC

81-4437492 Page 2

**Part V Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)****24a** Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
--	-------------------------------------	--	-------------------------------	--	---------------------------	------------------------------	----------------------------------	---------------------------------------

**25** Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use**25****26** Property used more than 50% in a qualified business use:

	:	:	%					
	:	:	%					
	:	:	%					

**27** Property used 50% or less in a qualified business use:

	:	:	%			S/L -		
	:	:	%			S/L -		
	:	:	%			S/L -		

**28** Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1**28****29** Add amounts in column (i), line 26. Enter here and on line 7, page 1**29****Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle
<b>30</b> Total business/investment miles driven during the year ( <b>don't</b> include commuting miles)						
<b>31</b> Total commuting miles driven during the year						
<b>32</b> Total other personal (noncommuting) miles driven						
<b>33</b> Total miles driven during the year. Add lines 30 through 32						
<b>34</b> Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?						
<b>36</b> Is another vehicle available for personal use?						

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons.

<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
<b>39</b> Do you treat all use of vehicles by employees as personal use?		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use?		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
-----------------------------	------------------------------------	------------------------------	------------------------	---	--------------------------------------

**42** Amortization of costs that begins during your 2021 tax year:

	:	:			
	:	:			

**43** Amortization of costs that began before your 2021 tax year**43**

293,333.

**44** **Total.** Add amounts in column (f). See the instructions for where to report**44**

293,333.

FORM 1065	OTHER INCOME	STATEMENT 1
DESCRIPTION		AMOUNT
IL BIG GRANT		145,000.
ILLINOIS TAX REFUND - BASED ON INCOME		3,654.
OTHER INCOME		2,000.
TOTAL TO FORM 1065, LINE 7		150,654.

FORM 1065	TAX EXPENSE	STATEMENT 2
DESCRIPTION		AMOUNT
LICENSES & TAXES		860.
PAYROLL TAXES		36,911.
TOTAL TO FORM 1065, LINE 14		37,771.

FORM 1065	OTHER DEDUCTIONS	STATEMENT 3
DESCRIPTION		AMOUNT
ADVERTISING		28,566.
AMORTIZATION EXPENSE		293,333.
DUES AND SUBSCRIPTIONS		10,979.
MISCELLANEOUS EXPENSES		20.
OFFICE		2,040.
PROFESSIONAL		12,276.
RESEARCH AND DEVELOPMENT		2,400.
TRAINING & EDUCATION		415.
TRAVEL		5,019.
TOTAL TO FORM 1065, LINE 20		355,048.

SCHEDULE K	OTHER TAX-EXEMPT INCOME	STATEMENT 4
DESCRIPTION		AMOUNT
PPP LOAN FORGIVENESS		65,667.
TOTAL TO SCHEDULE K, LINE 18B		65,667.

SCHEDULE K	OTHER ITEMS	STATEMENT 5
DESCRIPTION		AMOUNT
SECTION 199A - ORDINARY INCOME (LOSS)		100,721.
SECTION 199A - SECTION 179 DEDUCTION		4,349.
SECTION 199A W-2 WAGES		202,187.
SECTION 199A UNADJUSTED BASIS OF ASSETS		4,349.

SCHEDULE L	OTHER CURRENT ASSETS	STATEMENT 6
DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
DUE TO/FROM AFFILIATES		207,258.
ERC RECEIVABLE		121,218.
TOTAL TO SCHEDULE L, LINE 6		328,476.

SCHEDULE L	OTHER CURRENT LIABILITIES	STATEMENT 7
DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
ACCRUED PAYROLL	3,954.	13,947.
ACCRUED PAYROLL TAXES	1,382.	3,415.
DUE TO AFFILIATES	103,428.	274,770.
TOTAL TO SCHEDULE L, LINE 17	108,764.	292,132.

SCHEDULE M-1	INCOME RECORDED ON BOOKS NOT INCLUDED ON RETURN	STATEMENT 8
DESCRIPTION		AMOUNT
2020 ERC		30,433.
PPP LOAN FORGIVENESS		65,667.
TOTAL TO SCHEDULE M-1, LINE 6		96,100.

SCHEDULE M-2	OTHER INCREASES	STATEMENT 9
DESCRIPTION		AMOUNT
OTHER TAX-EXEMPT INCOME		65,667.
TOTAL TO SCHEDULE M-2, LINE 4		65,667.

651121

**Schedule K-1  
(Form 1065)**Department of the Treasury  
Internal Revenue Service**2021**

For calendar year 2021, or tax year

☐ Final K-1☐ Amended K-1

OMB No. 1545-0123

**Partner's Share of Income, Deductions, Credits, etc.**

▶ See separate instructions.

**Part I Information About the Partnership****A** Partnership's employer identification number  
**81-4437492****B** Partnership's name, address, city, state, and ZIP code**KUMAS HOLDINGS LLC**  
**2900 W. BELMONT AVE**  
**CHICAGO, IL 60618****C** IRS center where partnership filed return ▶  
**E-FILE****D** ☐ Check if this is a publicly traded partnership (PTP)**Part II Information About the Partner****E** Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instructions.)**F** Name, address, city, state, and ZIP code for partner entered in E. See instructions.**RONALD R CAIN**  
**THE RONALD R CAIN LIVING TRUST**  
**2900 W BELMONT AVE**  
**CHICAGO, IL 60618****G** ☒ General partner or LLC member-manager ☐ Limited partner or other LLC member**H1** ☒ Domestic partner ☐ Foreign partner**H2** ☐ If the partner is a disregarded entity (DE), enter the partner's:

TIN \_\_\_\_\_ Name \_\_\_\_\_

**I1** What type of entity is this partner? **INDIVIDUAL****I2** If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here ☐**J** Partner's share of profit, loss, and capital:

	Beginning	Ending
Profit	80.0000000 %	80.0000000 %
Loss	80.0000000 %	80.0000000 %
Capital	80.0000000 %	80.0000000 %

Check if decrease is due to sale or exchange of partnership interest ☐**K** Partner's share of liabilities:

	Beginning	Ending
Nonrecourse	\$	\$
Qualified nonrecourse financing	\$ 78,160.	\$ 452,560.
Recourse	\$ 2,620,944.	\$ 2,613,585.

Check this box if Item K includes liability amounts from lower tier partnerships ☐**L Partner's Capital Account Analysis**

Beginning capital account	\$ -318,784.
Capital contributed during the year	\$
Current year net income (loss)	\$ 129,632.
Other increase (decrease) (attach explanation)	\$
Withdrawals & distributions	\$( )
Ending capital account	\$ -189,152.

**M** Did the partner contribute property with a built-in gain (loss)?☐ Yes ☒ No If "Yes," attach statement. See instructions.**N Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)**

Beginning	\$
Ending	\$

**Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items**

<b>1</b> Ordinary business income (loss) <b>80,577.</b>	<b>14</b> Self-employment earnings (loss) <b>A 80,577.</b>
<b>2</b> Net rental real estate income (loss)	<b>C 410,020.</b>
<b>3</b> Other net rental income (loss)	<b>15</b> Credits
<b>4a</b> Guaranteed payments for services	<b>16</b> Schedule K-3 is attached if checked <input type="checkbox"/>
<b>4b</b> Guaranteed payments for capital	<b>17</b> Alternative min tax (AMT) items
<b>4c</b> Total guaranteed payments	
<b>5</b> Interest income	<b>18</b> Tax-exempt income and nondeductible expenses
<b>6a</b> Ordinary dividends	<b>B* 52,534.</b>
<b>6b</b> Qualified dividends	
<b>6c</b> Dividend equivalents	<b>19</b> Distributions
<b>7</b> Royalties	<b>20</b> Other information <b>Z * STMT</b>
<b>8</b> Net short-term capital gain (loss)	
<b>9a</b> Net long-term capital gain (loss)	
<b>9b</b> Collectibles (28%) gain (loss)	
<b>9c</b> Unrecaptured section 1250 gain	
<b>10</b> Net section 1231 gain (loss)	
<b>11</b> Other income (loss)	
<b>12</b> Section 179 deduction <b>3,479.</b>	<b>21</b> Foreign taxes paid or accrued
<b>13</b> Other deductions	
<b>22</b> <input type="checkbox"/> More than one activity for at-risk purposes*	
<b>23</b> <input type="checkbox"/> More than one activity for passive activity purposes*	

\*See attached statement for additional information.

For IRS Use Only



SCHEDULE K-1 OTHER TAX-EXEMPT INCOME, BOX 18, CODE B

DESCRIPTION	PARTNER FILING INSTRUCTIONS	AMOUNT
PPP LOAN FORGIVENESS		52,534.
TOTAL TO SCHEDULE K-1, BOX 18, CODE B		52,534.

SCHEDULE K-1 SECTION 199A INFORMATION, BOX 20, CODE Z

DESCRIPTION	AMOUNT
TRADE OR BUSINESS - PARTNERSHIP ACTIVITY	
ORDINARY INCOME (LOSS)	80,577.
SECTION 179 DEDUCTION	3,479.
SELF-EMPLOYMENT EARNINGS (LOSS)	80,577.
W-2 WAGES	161,750.
UNADJUSTED BASIS OF ASSETS	3,479.

SCHEDULE K-1 SECTION 199A ADDITIONAL INFORMATION

THE SECTION 199A AMOUNTS TO BE USED IN THE CALCULATION OF QUALIFIED BUSINESS INCOME DEDUCTION ON YOUR 1040/1041 RETURN ARE REPORTED ON LINE 20, UNDER CODE Z. PLEASE CONSULT YOUR TAX ADVISOR REGARDING THE CALCULATION OF THE QUALIFIED BUSINESS INCOME DEDUCTION, INCLUDING THE POSSIBLE AGGREGATIONS AND LIMITATIONS THAT MAY APPLY AND THE FILING OF THE 1.199A-4(C)(2)(I) ANNUAL DISCLOSURE STATEMENT.

SCHEDULE K-1 CURRENT YEAR NET INCOME (LOSS) AND OTHER INCREASES(DECREASES)		
DESCRIPTION	AMOUNT	TOTALS
ORDINARY INCOME (LOSS)	80,577.	
OTHER TAX-EXEMPT INCOME	52,534.	
SCHEDULE K-1 INCOME SUBTOTAL		133,111.
SECTION 179 EXPENSE	-3,479.	
SCHEDULE K-1 DEDUCTIONS SUBTOTAL		-3,479.
NET INCOME (LOSS) PER SCHEDULE K-1		129,632.

651121

**Schedule K-1  
(Form 1065)**Department of the Treasury  
Internal Revenue Service**2021**

For calendar year 2021, or tax year

☐ Final K-1☐ Amended K-1

OMB No. 1545-0123

**Partner's Share of Income, Deductions, Credits, etc.**

▶ See separate instructions.

**Part I Information About the Partnership****A** Partnership's employer identification number

81-4437492

**B** Partnership's name, address, city, state, and ZIP codeKUMAS HOLDINGS LLC  
2900 W. BELMONT AVE  
CHICAGO, IL 60618**C** IRS center where partnership filed return ▶

E-FILE

**D** ☐ Check if this is a publicly traded partnership (PTP)**Part II Information About the Partner****E** Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instructions.)**F** Name, address, city, state, and ZIP code for partner entered in E. See instructions.MILLENNIUM TRUST COMPANY LLC, CUSTODI  
F/B/O DAVID P. KAMINSKI SDI  
2001 SPRING ROAD, STE 700  
OAK BROOK, IL 60523**G** ☐ General partner or LLC  
member-manager☒ Limited partner or other LLC  
member**H1** ☒ Domestic partner☐ Foreign partner**H2** ☐ If the partner is a disregarded entity (DE), enter the partner's:

TIN \_\_\_\_\_ Name \_\_\_\_\_

**I1** What type of entity is this partner? IRA**I2** If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here ..... ☒**J** Partner's share of profit, loss, and capital:

	Beginning	Ending
Profit	20.0000000 %	20.0000000 %
Loss	20.0000000 %	20.0000000 %
Capital	20.0000000 %	20.0000000 %

Check if decrease is due to sale or exchange of partnership interest ..... ☐**K** Partner's share of liabilities:

	Beginning	Ending
Nonrecourse .....	\$	\$
Qualified nonrecourse financing .....	\$ 19,540.	\$ 113,140.
Recourse .....	\$ 643,000.	\$ 642,954.

Check this box if Item K includes liability amounts from lower tier partnerships ..... ☐**L Partner's Capital Account Analysis**

Beginning capital account .....	\$ -79,697.
Capital contributed during the year .....	\$
Current year net income (loss) .....	\$ 32,407.
Other increase (decrease) (attach explanation) ...	\$
Withdrawals & distributions .....	\$ ( )
Ending capital account .....	\$ -47,290.

**M** Did the partner contribute property with a built-in gain (loss)?☐ Yes ☒ No If "Yes," attach statement. See instructions.**N Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)**

Beginning .....	\$
Ending .....	\$

**Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items**

<b>1</b> Ordinary business income (loss) 20,144.	<b>14</b> Self-employment earnings (loss)
<b>2</b> Net rental real estate income (loss)	<b>15</b> Credits
<b>3</b> Other net rental income (loss)	
<b>4a</b> Guaranteed payments for services	<b>16</b> Schedule K-3 is attached if checked ..... <input type="checkbox"/>
<b>4b</b> Guaranteed payments for capital	<b>17</b> Alternative min tax (AMT) items
<b>4c</b> Total guaranteed payments	
<b>5</b> Interest income	<b>18</b> Tax-exempt income and nondeductible expenses
<b>6a</b> Ordinary dividends	<b>B*</b> 13,133.
<b>6b</b> Qualified dividends	
<b>6c</b> Dividend equivalents	<b>19</b> Distributions
<b>7</b> Royalties	<b>20</b> Other information <b>Z *</b> STMT
<b>8</b> Net short-term capital gain (loss)	
<b>9a</b> Net long-term capital gain (loss)	
<b>9b</b> Collectibles (28%) gain (loss)	
<b>9c</b> Unrecaptured section 1250 gain	
<b>10</b> Net section 1231 gain (loss)	
<b>11</b> Other income (loss)	
<b>12</b> Section 179 deduction 870.	<b>21</b> Foreign taxes paid or accrued
<b>13</b> Other deductions	
<b>22</b> <input type="checkbox"/> More than one activity for at-risk purposes*	
<b>23</b> <input type="checkbox"/> More than one activity for passive activity purposes*	

\*See attached statement for additional information.

For IRS Use Only

SCHEDULE K-1 OTHER TAX-EXEMPT INCOME, BOX 18, CODE B

DESCRIPTION	PARTNER FILING INSTRUCTIONS	AMOUNT
PPP LOAN FORGIVENESS		13,133.
TOTAL TO SCHEDULE K-1, BOX 18, CODE B		13,133.

SCHEDULE K-1 SECTION 199A INFORMATION, BOX 20, CODE Z

DESCRIPTION	AMOUNT
TRADE OR BUSINESS - PARTNERSHIP ACTIVITY	
ORDINARY INCOME (LOSS)	20,144.
SECTION 179 DEDUCTION	870.
W-2 WAGES	40,437.
UNADJUSTED BASIS OF ASSETS	870.

SCHEDULE K-1 SECTION 199A ADDITIONAL INFORMATION

THE SECTION 199A AMOUNTS TO BE USED IN THE CALCULATION OF QUALIFIED BUSINESS INCOME DEDUCTION ON YOUR 1040/1041 RETURN ARE REPORTED ON LINE 20, UNDER CODE Z. PLEASE CONSULT YOUR TAX ADVISOR REGARDING THE CALCULATION OF THE QUALIFIED BUSINESS INCOME DEDUCTION, INCLUDING THE POSSIBLE AGGREGATIONS AND LIMITATIONS THAT MAY APPLY AND THE FILING OF THE 1.199A-4(C)(2)(I) ANNUAL DISCLOSURE STATEMENT.

SCHEDULE K-1 CURRENT YEAR NET INCOME (LOSS) AND OTHER INCREASES (DECREASES)		
DESCRIPTION	AMOUNT	TOTALS
ORDINARY INCOME (LOSS)	20,144.	
OTHER TAX-EXEMPT INCOME	13,133.	
SCHEDULE K-1 INCOME SUBTOTAL		33,277.
SECTION 179 EXPENSE	-870.	
SCHEDULE K-1 DEDUCTIONS SUBTOTAL		-870.
NET INCOME (LOSS) PER SCHEDULE K-1		32,407.

**Worksheet for Figuring Net Earnings (Loss) From Self-Employment**

Name of partnership <b>KUMAS HOLDINGS LLC</b>			Employer identification number <b>81-4437492</b>
<b>1 a</b> Ordinary income (loss) (Schedule K, line 1)	<b>1a</b>	<b>100,721.</b>	
<b>b</b> Net income (loss) from <b>CERTAIN</b> rental real estate activities	<b>1b</b>		
<b>c</b> Net income (loss) from other rental activities (Schedule K, line 3c)	<b>1c</b>		
<b>d</b> Net loss from Form 4797, Part II, line 17, included on line 1a above. Enter as a positive amount	<b>1d</b>		
<b>e</b> Other additions	<b>1e</b>		
<b>f</b> Combine lines 1a through 1e	<b>1f</b>	<b>100,721.</b>	
<b>2 a</b> Net gain from Form 4797, Part II, line 17, included on line 1a above	<b>2a</b>		
<b>b</b> Other subtractions	<b>2b</b>		
<b>c</b> Add lines 2a and 2b	<b>2c</b>		
<b>3 a</b> Subtract line 2c from line 1f. If line 1f is a loss, increase the loss on line 1f by the amount on line 2c	<b>3a</b>	<b>100,721.</b>	<b>3c</b>
<b>b</b> Part of line 3a allocated to limited partners, estates, trusts, corporations, exempt organizations, and IRAs	<b>3b</b>	<b>20,144.</b>	
<b>c</b> Subtract line 3b from line 3a			
<b>4 a</b> Guaranteed payments to partners (Schedule K, line 4a) derived from a trade or business as defined in section 1402(c)	<b>4a</b>		<b>4c</b>
<b>b</b> Part of line 4a allocated to individual limited partners for <b>other than</b> services and to estates, trusts, corporations, exempt organizations, and IRAs	<b>4b</b>		
<b>c</b> Subtract line 4b from line 4a			
<b>5</b> Net earnings (loss) from self-employment. Combine lines 3c and 4c. Enter here and on Schedule K, line 14a	<b>5</b>	<b>80,577.</b>	

Section 1.263(a)-1(f) De Minimis Safe Harbor Election

KUMAS HOLDINGS LLC  
2900 W. Belmont Ave  
Chicago, IL 60618

Employer Identification Number: 81-4437492

For the Year Ending December 31, 2021

KUMAS HOLDINGS LLC is making the de minimis safe harbor election  
under Reg. Sec. 1.263(a)-1(f).

## 2021 TAX RETURN FILING INSTRUCTIONS

ILLINOIS FORM IL-1065

### FOR THE YEAR ENDING

DECEMBER 31, 2021

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**PREPARED FOR:**

KUMAS HOLDINGS LLC  
2900 W. BELMONT AVE  
CHICAGO, IL 60618

---

**PREPARED BY:**

PORTE BROWN LLC  
845 OAKTON STREET  
ELK GROVE VILLAGE, IL 60007

---

**TO BE SIGNED AND DATED BY:**

A MEMBER OF THE LLC

---

**AMOUNT OF TAX:**

TOTAL TAX	\$	0
LESS: PAYMENTS AND CREDITS	\$	0
PLUS OTHER AMOUNT	\$	0
PLUS INTEREST AND PENALTIES	\$	0
NO PMT REQUIRED	\$	

---

**OVERPAYMENT:**

NOT APPLICABLE

---

**MAKE CHECK PAYABLE TO:**

NOT APPLICABLE

---

**ELECTRONIC FILING OR MAILING INSTRUCTIONS (IF APPLICABLE):**

THE ILLINOIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. PLEASE RETURN THE E-FILE CONSENT TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IDOR.

---

**FORMS TO BE DISTRIBUTED TO PARTNERS:**

ENCLOSED ARE COPIES OF SCHEDULE K-1-P TO BE DISTRIBUTED TO EACH PARTNER.

---

**RETURN MUST BE MAILED ON OR BEFORE:**

RETURN FORM 8879-SO TO US **BY OCTOBER 17, 2022.**

---

**SPECIAL INSTRUCTIONS:**

DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE IDOR.



**8879-SO**

**State-Only e-file Signature Authorization**

**2021**

▶ Do not send to the Taxing Authority. This is not a tax return.  
▶ Keep this form for your records.

Taxpayer name

KUMAS HOLDINGS LLC

FEIN

81 4437492

**Part I Electronically Filed States**

ILLINOIS

**Part II Declaration and Signature Authorization (Be sure you get and keep a copy of your return)**

Under penalties of perjury, I declare that I have examined a copy of my electronic income tax return and accompanying schedules and statements for tax year 2021, and to the best of my knowledge and belief, it is true, correct, and complete. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the taxing authority and to receive from the taxing authority (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the taxing authority and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my state taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. I further understand that this also authorizes the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

**Taxpayer's PIN: check one box only**

☒ I authorize **PORTE BROWN LLC**

to enter or generate my PIN

**34630**

**ERO firm name**

**Enter five numbers, but  
do not enter all zeros**

as my signature on my tax year 2021 electronically filed income tax return.

☐ I will enter my PIN as my signature on my tax year 2021 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

Title ▶ **MEMBER**

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit EFIN followed by your five-digit self-selected PIN.

**3620116666**

**do not enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2021 electronically filed income tax return for the taxpayer indicated above.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form  
Do Not Submit This Form to the Taxing Authority**

## Illinois Department of Revenue

## 2021 Form IL-1065

## Partnership Replacement Tax Return

See "When should I file?" in the Form IL-1065 instructions for a list of due dates.

If this return is not for calendar year 2021, enter your fiscal tax year here.

Tax year beginning \_\_\_\_\_, ending \_\_\_\_\_  
month day year month day year**WARNING**This form is for tax years ending on or after December 31, 2021, and before December 31, 2022.  
For all other situations, see instructions to determine the correct form to use.

Enter the amount you are paying.

\$ \_\_\_\_\_

**Step 1: Identify your partnership****A** Enter your complete legal business name.If you have a name change, check this box. ☐Name: KUMAS HOLDINGS LLC**B** Enter your mailing address.Check this box if either of the following apply: ☐

- this is your **first return**, or
- you have an **address change**.

C/O: \_\_\_\_\_

Mailing address: 2900 W. BELMONT AVECity: CHICAGO State: IL ZIP: 60618**C** If this is the first or final return, check the applicable box(es).☐ First return☐ Final return (Enter the date of termination. \_\_\_\_\_)  
mm dd yyyy**D** If this is a final return because you sold this business, enter the date sold  
(mm dd yyyy) \_\_\_\_\_, and the new owner's FEIN. \_\_\_\_\_**E Apportionment Formulas.** Check the appropriate box or boxes and  
see Apportionment Formula instructions.☐ Financial organizations☐ Transportation companies☐ Federally regulated exchanges☐ Sales companies**F** Check this box if you are:☐ classified as an investment partnership☐ classified as a publicly-traded partnership**G** Check this box if you made an IRC § 761 election. ☐**H** Check this box if you are a 52/53 week filer. ☐**I** Check this box if you elected to file and pay Pass-through  
Entity Tax. (See instructions.) ☐**J** If you are paying Pass-through Entity Tax and you annualized your  
income on Form IL-2220, check this box and attach Form IL-2220. ☐**K** Enter your federal employer identification number (FEIN).81-4437492**L** ☐ Check this box if you are a member of a unitary  
business group **and** are included on a Schedule UB,  
Combined Apportionment for Unitary Business  
Group. Enter the FEIN of the member who prepared  
the Schedule UB and **attach** it to this return.**M** Enter your North American Industry Classification  
System (NAICS) Code. See instructions.533110**N** Enter the city, state, and ZIP code where your  
accounting records are kept. (Use the two-letter  
postal abbreviation, e.g., IL, GA, etc.)CHICAGO IL 60618  
City State ZIP**O** If you are making the business income election to  
treat all nonbusiness income as business income,  
check this box and enter zero on Lines 36 and 44. ☐**P** If you have completed the following, check the box  
and **attach** the federal form(s) to this return.☐ Federal Form 8886☐ Federal Sch. M-3,  
Part II, Line 10**Q** Check this box if you attached Form IL-4562. ☐**R** Check this box if you attached Illinois  
Schedule M (for businesses). ☒**S** Check this box if you attached Schedule 80/20. ☐**T** Check this box if you attached Schedule 1299-A. ☐**U** Check this box if your business activity is  
protected under Public Law 86-272. ☐**V** Check this box if you attached the Subgroup  
Schedule. ☐**Step 2: Figure your ordinary income or loss**

(Whole dollars only)

**1** Ordinary income or loss, or equivalent from federal Schedule K.100,721 .00**2** Net income or loss from all rental real estate activities.0 .00**3** Net income or loss from other rental activities.0 .00**4** Portfolio income or loss.0 .00**5** Net IRC Section 1231 gain or loss.0 .00**6** All other items of income or loss that were not included in the computation of income or loss on  
Page 1 of U.S. Form 1065. See instructions. Identify: \_\_\_\_\_0 .00**7** Add Lines 1 through 6. This is your ordinary income or loss.100,721 .00**Step 3: Figure your unmodified base income or loss****8** Charitable contributions.0 .00**9** Expense deduction under IRC Section 179.4,349 .00**10** Interest on investment indebtedness.0 .00**11** All other items of expense that were not deducted in the computation of ordinary income or loss on  
Page 1 of U.S. Form 1065. See instructions. Identify: \_\_\_\_\_0 .00**12** Add Lines 8 through 11.4,349 .00**13** Subtract Line 12 from Line 7. This amount is your total unmodified base income or loss.96,372 .00IR      NS      DR     

IL-1065 (R-02/22)

149151 02-14-22

ID: 2BX

This form is authorized as outlined by the Illinois Income Tax Act. Disclosure of this  
information is REQUIRED. Failure to provide information could result in a penalty.



#### Step 4: Figure your income or loss

14	Enter your unmodified base income or loss from Line 13.	14	96,372 .00
15	State, municipal, and other interest income excluded from Line 14.	15	.00
16	Illinois taxes deducted in arriving at Line 14. See Instructions.	16	.00
17	Illinois Special Depreciation addition. <b>Attach</b> Form IL-4562.	17	.00
18	Related-Party Expenses addition. <b>Attach</b> Schedule 80/20.	18	.00
19	Distributive share of additions. <b>Attach</b> Schedule(s) K-1-P or K-1-T.	19	.00
20	Guaranteed payments to partners from U.S. Form 1065.	20	.00
21	The amount of loss distributable to a partner subject to replacement tax. <b>Attach</b> Schedule B.	21	.00
22	Other additions. <b>Attach</b> Illinois Schedule M (for businesses).	22	.00
23	Add Lines 14 through 22. This amount is your income or loss.	23	96,372 .00

#### Step 5: Figure your base income or loss

24	Interest income from U.S. Treasury or other exempt federal obligations.	24	.00
25	August 1, 1969, valuation limitation amount. <b>Attach</b> Schedule F.	25	.00
26	Personal service income or reasonable allowance for compensation of partners.	26	.00
27	Share of income distributable to a partner subject to replacement tax. <b>Attach</b> Schedule B.	27	386 .00
28	River Edge Redevelopment Zone Dividend subtraction. <b>Attach</b> Schedule 1299-A.	28	.00
29	High Impact Business Dividend subtraction. <b>Attach</b> Schedule 1299-A.	29	.00
30	Illinois Special Depreciation subtraction. <b>Attach</b> Form IL-4562.	30	.00
31	Related-Party Expenses subtraction. <b>Attach</b> Schedule 80/20.	31	.00
32	Distributive share of subtractions. <b>Attach</b> Schedule(s) K-1-P or K-1-T.	32	.00
33	Other subtractions. <b>Attach</b> Schedule M (for businesses).	33	94,439 .00
34	Total subtractions. Add Lines 24 through 33.	34	94,825 .00
35	<b>Base income or loss.</b> Subtract Line 34 from Line 23.	35	1,547 .00

<b>STOP</b>	<b>A</b> If the amount on Line 35 is derived inside Illinois only, check this box and enter the amount from Step 5, Line 35 on Step 7, Line 47. You may not complete Step 6. (You must leave Step 6, Lines 36 through 46 blank.) <input checked="" type="checkbox"/>	
	<input type="checkbox"/> <b>Note</b> ▶ If you are a unitary filer, do not check this box. Check the box on Line B and complete Step 6.	
	<b>B</b> If any portion of the amount on Line 35 is derived outside Illinois, or you are a unitary filer, check this box and complete <u>all lines</u> of Step 6. (Do not leave Lines 40 through 42 blank.) See instructions. <input type="checkbox"/>	

#### Step 6: Figure your income allocable to Illinois (Complete only if you checked the box on Line B, above.)

36	Nonbusiness income or loss. <b>Attach</b> Schedule NB.	36	.00
37	Business income or loss included in Line 35 from non-unitary partnerships, partnerships included on a Schedule UB, S corporations, trusts, or estates. See instructions.	37	.00
38	Add Lines 36 and 37.	38	.00
39	Business income or loss. Subtract Line 38 from Line 35.	39	.00
40	Total sales everywhere. This amount cannot be negative.	40	.00
41	Total sales inside Illinois. This amount cannot be negative.	41	.00
42	Apportionment factor. Divide Line 41 by Line 40. Round to six decimal places.	42	
43	Business income or loss apportionable to Illinois. Multiply Line 39 by Line 42.	43	.00
44	Nonbusiness income or loss allocable to Illinois. <b>Attach</b> Schedule NB.	44	.00
45	Business income or loss apportionable to Illinois from non-unitary partnerships, partnerships included on a Schedule UB, S corporations, trusts, or estates. See instructions.	45	.00
46	<b>Base income or loss allocable to Illinois.</b> Add Lines 43 through 45.	46	.00

### Step 7: Figure your net income

47	Base income or net loss from Step 5, Line 35, or Step 6, Line 46.	47	<u>1,547</u> .00
48	Illinois net loss deduction. If Line 47 is zero or a negative amount, enter zero. Check this box and attach a detailed statement if you have merged losses. <input type="checkbox"/>	48	<u>1,547</u> .00
49	Income after NLD. Subtract Line 48 from Line 47.	49	<u>0</u> .00
50	Enter the amount from Step 5, Line 35.	50	<u>1,547</u> .00
51	Divide Line 47 by Line 50. Round the result to six decimal places. This figure cannot be greater than one.	51	<u>1.000000</u>
52	Exemption allowance. See instructions before completing.	52	<u>1,000</u> .00
53	<b>Net income.</b> Subtract Line 52 from Line 49.	53	<u>0</u> .00

### Step 8: Figure the taxes, pass-through withholding, and penalty you owe

54	Replacement tax. Multiply Line 53 by 1.5% (.015).	54	<u>0</u> .00
55	Recapture of investment credits. <b>Attach</b> Schedule 4255.	55	<u>.00</u>
56	Replacement tax before investment credits. Add Lines 54 and 55.	56	<u>.00</u>
57	Investment credits. <b>Attach</b> Form IL-477.	57	<u>.00</u>
58	<b>Net replacement tax.</b> Subtract Line 57 from Line 56. If the amount is negative, enter zero.	58	<u>.00</u>
59	Pass-through withholding you owe on behalf of your members. Enter the amount from Schedule B, Section A, Line 9. See instructions. <b>Attach</b> Schedule B.	59	<u>0</u> .00
60	Pass-through entity income. See instructions. <input type="checkbox"/> 60 <u>.00</u> <input type="checkbox"/>		
61	<b>Pass-through entity tax.</b> Multiply Line 60 by 4.95% (.0495).	61	<u>.00</u>
62	<b>Total net replacement tax, pass-through withholding, and pass-through entity tax you owe.</b> Add Lines 58, 59, and 61.	62	<u>.00</u>
63	Underpayment of estimated tax penalty from Form IL-2220. See instructions.	63	<u>.00</u>
64	<b>Total taxes, pass-through withholding, and penalty.</b> Add Lines 62 and 63.	64	<u>.00</u>

### Step 9: Figure your refund or balance due

65	Payments. See instructions.		
a	Credits from previous overpayments.	65a	<u>.00</u>
b	Total payments made before the date this return is filed.	65b	<u>.00</u>
c	Pass-through withholding reported to you. <b>Attach</b> Schedule(s) K-1-P or K-1-T.	65c	<u>.00</u>
d	Illinois income tax withholding. <b>Attach</b> Form(s) W-2G.	65d	<u>.00</u>
66	Total payments. Add Lines 65a through 65d.	66	<u>.00</u>
67	Overpayment. If Line 66 is greater than Line 64, subtract Line 64 from Line 66.	67	<u>.00</u>
68	Amount to be <b>credited forward</b> . See instructions. Check this box and attach a detailed statement if this carryforward is going to a different FEIN. <input type="checkbox"/>	68	<u>.00</u> <input type="checkbox"/>
69	<b>Refund.</b> Subtract Line 68 from Line 67. This is the amount to be refunded.	69	<u>.00</u>

#### 70 Complete to direct deposit your refund

Routing Number \_\_\_\_\_ ☐ Checking or ☐ Savings  
 Account Number \_\_\_\_\_

71	<b>Tax Due.</b> If Line 64 is greater than Line 66, subtract Line 66 from Line 64. This is the amount you owe.	71	<u>0</u> .00
----	--	----	--------------

*Special Note* → Enter the amount of your payment on the top of Page 1 in the space provided.

### Step 10: Sign below - Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Sign Here	Signature of partner	Date (mm/dd/yyyy)	MEMBER	773-604-8769	<input checked="" type="checkbox"/> Check if the Department may discuss this return with the paid preparer shown in this step. <input type="checkbox"/> Check if self-employed
	RACHEL VONDRASEK		RACHEL VONDRAS		
Paid Preparer Use Only	Print/Type paid preparer's name	Paid preparer's signature	Date (mm/dd/yyyy)	Paid Preparer's PTIN	
	Firm's name ▶ PORTE BROWN LLC	Firm's FEIN ▶	36-2663358		
	Firm's address ▶ 845 OAKTON STREET ELK GROVE VIL	Firm's phone ▶	847-956-1040		

**Refer to the 2021 IL-1065 Instructions for the address to mail your return.**

**Illinois Department of Revenue**  
**2021 Schedule B**
**Partners' or Shareholders' Information**

Attach to your Form IL-1065 or Form IL-1120-ST.

**IL Attachment No. 1****KUMAS HOLDINGS LLC****81-4437492**

Enter your name as shown on your Form IL-1065 or Form IL-1120-ST.

Enter your federal employer identification number (FEIN).

**STOP Read this information first**

- You must read the Schedule B instructions and complete Schedule(s) K-1-P and Schedule(s) K-1-P(3) before completing this schedule.
- You must complete Section B of Schedule B and provide all the required information for your partners or shareholders before completing Section A of Schedule B.

**Note** → Failure to follow these instructions may delay the processing of your return or result in you receiving further correspondence from the Department. You may also be required to submit further information to support your filing.

**Section A: Total members' information (from Schedule(s) K-1-P and Schedule B, Section B)**

**STOP** Before completing this section you must first complete Schedule(s) K-1-P, Schedule(s) K-1-P(3) and Schedule B, Section B. You will use the amounts from those schedules when completing this section.

**Totals for resident and nonresident partners or shareholders (from Schedule(s) K-1-P and Schedule B, Section B)**

- 1 Enter the total of all nonbusiness income or loss you reported on Schedule(s) K-1-P for your members. See instructions. **1** \_\_\_\_\_
- 2 Enter the total of all income and replacement tax credits you reported on Schedule(s) K-1-P for your members. See instructions. **2** \_\_\_\_\_
- 3 Add the amounts shown on Schedule B, Section B, Column E for all partners or shareholders on all pages for which you have entered a check mark in Column D. Enter the total here. See instructions. **3** 386.00

**Totals for nonresident partners or shareholders only (from Schedule B, Section B)**

- 4 Enter the total pass-through withholding you reported on all pages of your Schedule B, Section B, Column J for your nonresident individual members. See instructions. **4** \_\_\_\_\_
- 5 Enter the total pass-through withholding you reported on all pages of your Schedule B, Section B, Column J for your nonresident estate members. See instructions. **5** \_\_\_\_\_
- 6 Enter the total pass-through withholding you reported on all pages of your Schedule B, Section B, Column J for your partnership and S corporation members. See instructions. **6** \_\_\_\_\_
- 7 Enter the total pass-through withholding you reported on all pages of your Schedule B, Section B, Column J for your nonresident trust members. See instructions. **7** \_\_\_\_\_
- 8 Enter the total pass-through withholding you reported on all pages of your Schedule B, Section B, Column J for your C corporation members. See instructions. **8** \_\_\_\_\_
- 9 Add Line 4 through Line 8. This is the total pass-through withholding you owe on behalf of all your nonresident partners or shareholders. This amount should match the total amount from Schedule B, Section B, Column J for all nonresident partners or shareholders on all pages. Enter the total here **and** on Form IL-1065 (Form IL-1065-X), Line 59, or Form IL-1120-ST (Form IL-1120-ST-X), Line 59. See instructions. **9** \_\_\_\_\_

This form is authorized as outlined by the Illinois Income Tax Act. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty.

▶ **Attach all pages of Schedule B, Section B behind this page.**

**Illinois Department of Revenue**  
**2021 Schedule B**

KUMAS HOLDINGS LLC

81-4437492

Enter your name as shown on your Form IL-1065 or Form IL-1120-ST.

Enter your federal employer identification number (FEIN).

**Section B: Members' information ( See instructions before completing.)**

	A	B	C	D	E	F	G	H	I	J	K
	Name and Address	Partner or Shareholder type	SSN or FEIN	Subject to Illinois replacement tax or an ESOP	Member's distributable amount of base income or loss	Excluded from pass-through withholding	Share of Illinois income subject to pass-through withholding	Pass-through withholding before credits	Distributable share of credits	Pass-through withholding amount	Pass-through entity tax amount
1	<b>RONALD R CAIN</b> <b>THE RONALD R CAIN LIVI</b> C/O <b>2900 W BELMONT AVE</b> <b>CHICAGO IL 60618</b> City State ZIP	I			1,547	R	0	0	0	0	0
2	<b>MILLENNIUM TRUST COMPA</b> <b>F/B/O DAVID P. KAMINSK</b> C/O <b>2001 SPRING ROAD, STE</b> <b>OAK BROO IL 60523</b> City State ZIP	A		X	386	N	0	0	0	0	0
3	Name C/O Addr. 1 Addr. 2 City State ZIP										
4	Name C/O Addr. 1 Addr. 2 City State ZIP										
5	Name C/O Addr. 1 Addr. 2 City State ZIP										

See instructions before completing Columns F through K.

Note

If you have more members than space provided, attach additional copies of this page as necessary.

Printed by the authority of the state  
of Illinois

## Illinois Net Loss Deduction (NLD) Worksheet

	A	B	C
	<small>Loss year that expires first</small> <div style="border-bottom: 1px solid black; display: inline-block; width: 100px; text-align: center;">12/20</div> <small>Month      Year</small>	<small>Loss year ending</small> <div style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></div> <small>Month      Year</small>	<small>Loss year ending</small> <div style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></div> <small>Month      Year</small>
<b>1</b> Enter your reported Illinois net loss. See instructions.	150,314		
<b>2a</b> Enter the carry year and the amount of Illinois net loss previously carried back or forward. See instructions.	<b>2a</b> <div style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></div> <small>Month   Year   Loss carried</small>	<div style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></div> <small>Month   Year   Loss carried</small>	<div style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></div> <small>Month   Year   Loss carried</small>
	<b>b</b> <div style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></div> <small>Month   Year   Loss carried</small>	<div style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></div> <small>Month   Year   Loss carried</small>	<div style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></div> <small>Month   Year   Loss carried</small>
	<b>c</b> <div style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></div> <small>Month   Year   Loss carried</small>	<div style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></div> <small>Month   Year   Loss carried</small>	<div style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></div> <small>Month   Year   Loss carried</small>
<b>2d</b> Add Lines 2a through 2c. This is your total amount of loss previously carried.	0		
<b>3</b> Subtract Line 2d from Line 1. This is your remaining Illinois net loss.	150,314		
<b>4</b> Enter the Illinois base income for this carry year. See instructions.	1,547		
<b>5</b> Enter the lesser of Line 3 or Line 4. This is your Illinois net loss deduction (NLD).	1,547		
<b>6</b> Subtract Line 5 from Line 4. This is your remaining income after NLD.	0		
<b>7</b> Subtract Line 5 from Line 3. This is your remaining NLD for subsequent years.	148,767		

**Line 5 Total**  
Enter the total of Columns A, B, and C, Line 5 in this box.  
**See instructions.**

1,547

Illinois Department of Revenue

**2021 Schedule M****Other Additions and Subtractions (for businesses)**

For tax years ending on or after December 31, 2021.

Attach to your Form IL-1120, IL-1120-ST, IL-1065, or IL-1041.

Year ending

12 21  
Month Year

IL Attachment No. 15

**Step 1: Provide the following information****KUMAS HOLDINGS LLC**

Enter your name as shown on your tax return.

**81-4437492**

Enter your federal employer identification number (FEIN)

**Step 2: Figure your additions**

Enter the amount of

- |   |      |       |     |
|---|------|-------|-----|
| 1 Capital gain taxed under IRC Section 852(b)(3).   | 1    | _____ | .00 |
| 2 Notes, bonds, debentures, or obligations issued by the Governments of American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, or the Virgin Islands.                         | 2    | _____ | .00 |
| 3 Lloyd's plan of operation loss if reported on your behalf on Form IL-1065 and included in your federal taxable income.  | 3    | _____ | .00 |
| 4 Business expense recapture.   | 4    | _____ | .00 |
| 5 Any other state's income tax deducted from federal taxable income. <b>(Form IL-1041 filers only)</b>  | 5    | _____ | .00 |
| 6 Capital loss to be carried forward. <b>(Form IL-1041 filers only)</b>   | 6    | _____ | .00 |
| 7 Student-Assistance Contribution Credit taken on Schedule 1299-A or 1299-D.  | 7    | _____ | .00 |
| 8 Dividends paid by a captive REIT.   | 8    | _____ | .00 |
| 9 Deduction allowed under IRC Section 250(a)(1)(A). <b>(Form IL-1120 filers only)</b>   | 9    | _____ | .00 |
| 10 Other additions - Identify each item. _____  | 10   | _____ | .00 |
| <b>11 Total additions.</b><br>Add Lines 1 through 10. Enter the amount here and on your Form IL-1120, Line 8, Form IL-1120-ST, Line 21, Form IL-1065, Line 22 or Form IL-1041, Line 10. | → 11 | _____ | .00 |

**Step 3: Figure your subtractions**

Enter the amount of

- |   |    |        |     |
|---|----|--------|-----|
| 12 Exempt interest dividends paid by regulated investment companies (IRC Section 852(b)(5)).  | 12 | _____  | .00 |
| 13 Notes, bonds, debentures, or obligations issued by the Governments of American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, or the Virgin Islands to the extent the amounts were required to be added back on Line 2. | 13 | _____  | .00 |
| 14 Lloyd's plan of operation income if reported on your behalf on Form IL-1065.   | 14 | _____  | .00 |
| 15 Income for which you claimed a credit under IRC Section 1341.  | 15 | _____  | .00 |
| 16 Expenses of federally tax-exempt income and federal credits.<br>See instructions.<br>Specify any amount relating to the following:   |    |        |     |
| a Interest expenses relating to municipal income (IRC Section 291)  | a  | _____  | .00 |
| b Interest and other expenses related to federally tax-exempt interest (IRC Section 265)  | b  | _____  | .00 |
| c Bond premium amortization on federally tax-exempt bonds (IRC Section 171)   | c  | _____  | .00 |
| d Expenses related to certain federal credits (IRC Section 280C)  | d  | 90,785 | .00 |
| e Change in insurance company reserves (IRC Section 807 or 832)   | e  | _____  | .00 |
| f Reduction in depreciation related to railroad maintenance credits (IRC Section 45G)   | f  | _____  | .00 |
| g Gross income resulting from alternative energy credits (IRC Section 87)   | g  | _____  | .00 |
| 17 Add Lines 16a through 16g.   | 17 | 90,785 | .00 |
| 18 Add Lines 12 through 15 and Line 17. Enter the amount here and on Line 19.   | 18 | 90,785 | .00 |



**Step 3: Continued**

<b>19</b>	Enter the amount from Line 18.	<b>19</b>	<u>90,785.00</u>
<b>20</b>	Interest on the following obligations of Illinois state and local government, only if included in Illinois income (see instructions). <b>Attach</b> a copy of the statement that identifies the payer and the amount of interest for each obligation.		
<b>a</b>	Illinois Housing Development Authority bonds and notes (except housing-related commercial facilities bonds and notes)	<b>a</b>	<u>.00</u>
<b>b</b>	Illinois Development Finance Authority bonds, notes, and other obligations (venture fund and infrastructure bonds only)	<b>b</b>	<u>.00</u>
<b>c</b>	Illinois Sports Facilities Authority bonds	<b>c</b>	<u>.00</u>
<b>d</b>	Illinois Development Finance Authority bonds (only those issued under the Illinois Development Finance Authority Act, Sections 7.80 through 7.87)	<b>d</b>	<u>.00</u>
<b>e</b>	Illinois Development Finance Authority bonds or Illinois Finance Authority bonds issued under the Asbestos Abatement Finance Act	<b>e</b>	<u>.00</u>
<b>f</b>	Bonds issued by the Illinois Finance Authority under the Illinois Finance Authority Act	<b>f</b>	<u>.00</u>
<b>g</b>	Southwestern Illinois Development Authority bonds	<b>g</b>	<u>.00</u>
<b>h</b>	Illinois Power Agency bonds issued by the Illinois Finance Authority under Other Powers Article in the Illinois Finance Authority Act	<b>h</b>	<u>.00</u>
<b>i</b>	Central Illinois Economic Development Authority bonds issued under the Central Illinois Economic Development Authority Act	<b>i</b>	<u>.00</u>
<b>j</b>	Eastern Illinois Economic Development Authority bonds issued under the Eastern Illinois Economic Development Authority Act	<b>j</b>	<u>.00</u>
<b>k</b>	Southeastern Illinois Economic Development Authority bonds issued under the Southeastern Illinois Economic Development Authority Act	<b>k</b>	<u>.00</u>
<b>l</b>	Southern Illinois Economic Development Authority bonds issued under the Southern Illinois Economic Development Authority Act	<b>l</b>	<u>.00</u>
<b>m</b>	Illinois Urban Development Authority bonds issued under the Illinois Urban Development Authority Act	<b>m</b>	<u>.00</u>
<b>n</b>	Downstate Illinois Sports Facilities Authority bonds issued under the Downstate Illinois Sports Facilities Authority Act	<b>n</b>	<u>.00</u>
<b>o</b>	Western Illinois Economic Development Authority bonds issued under the Western Illinois Economic Development Authority Bonds Act	<b>o</b>	<u>.00</u>
<b>p</b>	Upper Illinois River Valley Development Authority bonds issued under the Upper Illinois River Valley Development Authority Act	<b>p</b>	<u>.00</u>
<b>q</b>	Will-Kankakee Regional Development Authority bonds issued under the Will-Kankakee Regional Development Authority Law	<b>q</b>	<u>.00</u>
<b>r</b>	Tri-County River Valley Development Authority bonds issued under the Tri-County River Valley Development Authority Law	<b>r</b>	<u>.00</u>
<b>s</b>	Quad Cities Regional Economic Development Authority bonds and notes (if declared to be exempt from taxation by the Authority)	<b>s</b>	<u>.00</u>
<b>t</b>	Quad Cities Interstate Metropolitan Authority bonds	<b>t</b>	<u>.00</u>
<b>u</b>	Rural Bond Bank Act bonds and notes	<b>u</b>	<u>.00</u>
<b>v</b>	Bonds issued under the Export Development Act of 1983	<b>v</b>	<u>.00</u>
<b>w</b>	College savings bonds issued under the General Obligation Bond Act in accordance with the Baccalaureate Savings Act	<b>w</b>	<u>.00</u>
<b>x</b>	New Harmony Bridge Authority bonds	<b>x</b>	<u>.00</u>
<b>y</b>	New Harmony Bridge Bi-State Commission bonds	<b>y</b>	<u>.00</u>
<b>21</b>	Add Lines 20a through 20y.	<b>21</b>	<u>.00</u>
<b>22</b>	Add Lines 19 and 21. Enter the amount here and on Line 23.	<b>22</b>	<u>90,785.00</u>

**Step 3: Continued**

<b>23</b> Enter the amount from Line 22.	<b>23</b>	<u>90,785 .00</u>
<b>24</b> Federally taxed Illinois state refund from prior years.	<b>24</b>	<u>3,654 .00</u>
<b>25</b> Dividends received, including IRC Section 78 Foreign Dividend Gross-up and subpart F income. <b>(Form IL-1120-ST filers only)</b>	<b>25</b>	<u>.00</u>
<b>26</b> Contributions made to a job training project. See instructions. <b>(Form IL-1120-ST and Form IL-1065 filers only)</b>	<b>26</b>	<u>.00</u>
<b>27</b> Reparations or other amounts received as a victim of persecution by Nazi Germany. <b>(Form IL-1041 filers only)</b>	<b>27</b>	<u>.00</u>
<b>28</b> Income eligible for a deduction by an attorney-in-fact under IRC Section 835.	<b>28</b>	<u>.00</u>
<b>29</b> Income from Illinois pre-need funeral, burial, and cemetery trusts.	<b>29</b>	<u>.00</u>
<b>30</b> Income earned by nuclear decommissioning trusts established under the Public Utilities Act.	<b>30</b>	<u>.00</u>
<b>31</b> Recovery of items previously deducted on Form U.S. 1040, Schedule A, filed by the decedent (including refunds of any state and local income taxes, other than Illinois). <b>(Form IL-1041, Estate filers only)</b>	<b>31</b>	<u>.00</u>
<b>32</b> Refunds of state income taxes added back in a prior year on Schedule M, Line 5. <b>(Form IL-1041 filers only)</b>	<b>32</b>	<u>.00</u>
<b>33</b> Excess business loss disallowed by IRC Section 461(l)(1)(B). <b>(Form IL-1041 filers only)</b>	<b>33</b>	<u>.00</u>
<b>34</b> Unused patronage or nonpatronage loss amounts from Schedule INL. <b>(Form IL-1120 filers only)</b> See instructions. Identify the year you first made the Schedule INL, Step 2, Line 1a election. _____	<b>34</b>	<u>.00</u>
<b>35</b> Eligible subtractions from Publication 101 that are not subtracted anywhere else. See instructions. Identify each item. _____	<b>35</b>	<u>.00</u>
<b>36 Total subtractions.</b> Add Lines 23 through 35. Enter the amount here and on Form IL-1120, Line 21, Form IL-1120-ST, Line 33, Form IL-1065, Line 33, or Form IL-1041, Line 24. <span style="float: right;">→</span>	<b>36</b>	<u>94,439 .00</u>

**Illinois Department of Revenue**  
**Schedule K-1-P****Partner's or Shareholder's Share of Income, Deductions, Credits, and Recapture**

To be completed by partnerships filing Form IL-1065 or S corporations filing Form IL-1120-ST.

Partners and Shareholders receiving Schedule K-1-P should attach this to their Illinois tax return.

**Year ending**12 21  
Month Year

IL Attachment No. 12

**Step 1: Identify your partnership or S corporation**1 Check your business type ☒ partnership ☐ S corporation2 **KUMAS HOLDINGS LLC**

Enter your name as shown on your Form IL-1065 or Form IL-1120-ST.

3 **81-4437492**

Enter your federal employer identification number (FEIN).

4 Enter the apportionment factor from Form IL-1065 or Form IL-1120-ST, Line 42. Otherwise, enter "1." **1.000000****Step 2: Identify your partner or shareholder****RONALD R CAIN**5 **THE RONALD R CAIN LIVING TRUST**

Name

6 **2900 W BELMONT AVE**

Mailing address

**CHICAGO, IL 60618**

City

State

ZIP

7 **[REDACTED]**

Social Security number or FEIN

8 **80.0000000**

Share (%)

9a Check the appropriate box. See instructions.

☒ individual ☐ corporation ☐ trust  
☐ partnership ☐ S corporation ☐ estate

9b To be completed by the recipient on Line 5 only.

I am a: ☐ grantor trust ☐ disregarded entity

and the amounts on this schedule will be reported by:

Name: \_\_\_\_\_

SSN or FEIN: \_\_\_\_\_

**Step 3: Figure your partner's or shareholder's share of your nonbusiness income or loss**

- 10 Interest
- 11 Dividends
- 12 Rental income
- 13 Patent royalties
- 14 Copyright royalties
- 15 Other royalty income
- 16 Capital gain or loss from real property
- 17 Capital gain or loss from tangible personal property
- 18 Capital gain or loss from intangible personal property
- 19 Other income and expense

Specify

**A**  
Member's share  
(See instructions.)**B**  
Member's share  
allocable to Illinois

10 \_\_\_\_\_

11 \_\_\_\_\_

12 \_\_\_\_\_

13 \_\_\_\_\_

14 \_\_\_\_\_

15 \_\_\_\_\_

16 \_\_\_\_\_

17 \_\_\_\_\_

18 \_\_\_\_\_

19 \_\_\_\_\_

**Step 4: Figure your partner's or shareholder's share of your business income or loss**

- 20 Ordinary income or loss from trade or business activity
- 21 Net income or loss from rental real estate activities
- 22 Net income or loss from other rental activities
- 23 Interest
- 24 Dividends
- 25 Royalties
- 26 Net short-term capital gain or loss
- 27 Net long-term capital gain or loss. Total for year.
- 28 Unrecaptured Section 1250 gain
- 29 Guaranteed payments to partner (U.S. Form 1065 only)
- 30 Net Section 1231 gain or loss (other than casualty or theft). Total for year.
- 31 Other income and expense **SEE STATEMENT**

Specify

**A**  
Member's share  
from U.S. Schedule K-1,  
less nonbusiness income**B**  
Member's share  
apportioned to Illinois

20 **80,577**

21 \_\_\_\_\_

22 \_\_\_\_\_

23 \_\_\_\_\_

24 \_\_\_\_\_

25 \_\_\_\_\_

26 \_\_\_\_\_

27 \_\_\_\_\_

28 \_\_\_\_\_

29 \_\_\_\_\_

30 \_\_\_\_\_

31 **-3,479**

**Step 5: Figure your partner's or shareholder's share of Illinois additions and subtractions****K-1-P Recipient:** Before using the information provided in Step 5, you must read Schedule K-1-P(2) to correctly report the amounts listed in Columns A and B.

	<b>A</b> Member's share from Form IL-1065 or IL-1120-ST	<b>B</b> Member's share apportioned or allocated to Illinois
<b>Additions</b>		
32 Federally tax-exempt interest income	32	
33 Illinois replacement tax and surcharge deducted	33	
34 Illinois Special Depreciation addition	34	
35 Related-Party Expenses addition	35	
36 Distributive share of additions	36	
37 Other additions (from Illinois Schedule M for businesses)	37	
<b>Subtractions</b>		
38 a Interest from U.S. Treasury obligations (business income)	38a	
b Interest from U.S. Treasury obligations (nonbusiness income)	38b	
39 River Edge Redevelopment Zone Dividend subtraction	39	
40 High Impact Business Dividend subtraction	40	
41 Contribution subtraction (Form IL-1120-ST filers only)	41	
42 River Edge Redevelopment Zone Interest subtraction (Form IL-1120-ST financial organizations only)	42	
43 High Impact Business within a Foreign Trade Zone Interest subtraction (Form IL-1120-ST financial organizations only)	43	
44 Illinois Special Depreciation subtraction	44	
45 Related-Party Expenses subtraction	45	
46 Distributive share of subtractions	46	
47 Other subtractions (from Illinois Schedule M for businesses)	47	
	75,551	72,628

**Step 6: Figure your partner's or shareholder's (except a corporate partner or shareholder) share of your Illinois August 1, 1969, appreciation amounts**

	<b>A</b> Member's share from Illinois Schedule F (Form IL-1065 or IL-1120-ST)	<b>B</b> Member's share apportioned or allocated to Illinois
48 Section 1245 and 1250 gain	48	
49 Section 1231 gain	49	
50 Section 1231 gain less casualty and theft gain. See instructions.	50	
51 Capital gain	51	

**Step 7: Figure your partner's or shareholder's share of your Illinois credits, recapture, pass-through withholding, pass-through entity tax credit, and federal income subject to surcharge**

	Credit Code	Member's share from Illinois tax return		Member's share from Illinois tax return
<b>52 Illinois Income Tax Credits</b>			<b>53 Other credits</b>	
a Film Production Services 5000	52a		a Pass-through Entity Tax Credit	53a
b Enterprise Zone Investment 5080	52b		See instructions.	
c Enterprise Zone Construction Jobs 5120	52c		b Replacement Tax Investment Credits	53b
d High Impact Business Construction Jobs 5160	52d		See instructions.	
e Affordable Housing Donations 5260	52e		<b>54 Recapture</b>	
f EDGE 5300	52f		a Enterprise Zone or River	
g New Construction EDGE 5320	52g		Edge Redevelopment Zone	
h Research and Development 5340	52h		Investment Credit recapture	54a
i Wages paid to Ex-Felons 5380	52i		b Replacement Tax Investment	
j Student-Assistance Contribution 5420	52j		Credit recapture	54b
k Angel Investment 5460	52k		c Angel Investment Credit recapture	54c
l New Markets Development 5500	52l		<b>55 Pass-through withholding</b>	
m River Edge Historic Preservation 5540	52m		See instructions.	55
n River Edge Construction Jobs 5560	52n		<b>56 Federal income attributable to</b>	
o Live Theater Production 5580	52o		transactions subject to the	
p Hospital 5620	52p		Compassionate Use of Medical	
q Invest in Kids 5660	52q		Cannabis Program Act surcharge.	
r Data Center Construction Employment 5820	52r		See instructions.	56
s Apprenticeship Education Expense 0160	52s		<b>57 Federal income attributable to the</b>	
t Historic Preservation 1030	52t		sale or exchange of assets by a	
u Other income tax credits	52u		gaming licensee surcharge.	57
			See instructions.	

IL SCH K-1-P

OTHER BUSINESS INCOME AND EXPENSE

DESCRIPTION	TOTAL	ILLINOIS
SECTION 179 EXPENSE	-3,479	-3,479
TOTALS TO SCHEDULE K-1-P, LINE 31	-3,479	-3,479

IL SCH K-1-P MEMBER'S SHARE OF DISTRIBUTABLE BASE INCOME OR LOSS

1 ENTER THE SHARE OF INCOME FROM IL-1065 LINE 14 FOR THIS MEMBER (SCHEDULE K-1-P COLUMN A LINES 10-27 & 30-31)	\$	77,098.00
2 ENTER THE SHARE OF ADDITIONS DISTRIBUTABLE TO THIS MEMBER FROM IL-1065 LINES 15-20 AND LINE 22		0.00
3 ADD LINES 1 AND 2		77,098.00
4 ENTER THE SHARE OF SUBTRACTIONS DISTRIBUTABLE TO THIS MEMBER FROM IL-1065 LINES 24-25 AND 28-33		75,551.00
5 SUBTRACT LINE 4 FROM LINE 3	\$	1,547.00

**Illinois Department of Revenue**  
**Schedule K-1-P****Partner's or Shareholder's Share of Income, Deductions, Credits, and Recapture**

To be completed by partnerships filing Form IL-1065 or S corporations filing Form IL-1120-ST.

Partners and Shareholders receiving Schedule K-1-P should attach this to their Illinois tax return.

**Year ending**12 21  
Month Year

IL Attachment No. 12

**Step 1: Identify your partnership or S corporation**1 Check your business type ☒ partnership ☐ S corporation2 KUMAS HOLDINGS LLC

Enter your name as shown on your Form IL-1065 or Form IL-1120-ST.

3 81-4437492

Enter your federal employer identification number (FEIN).

4 Enter the apportionment factor from Form IL-1065 or Form IL-1120-ST, Line 42. Otherwise, enter "1." 1.000000**Step 2: Identify your partner or shareholder**MILLENNIUM TRUST COMPANY LLC, CUSTODI5 F/B/O DAVID P. KAMINSKI SDI

Name

6 2001 SPRING ROAD, STE 700

Mailing address

OAK BROOK, IL 60523

City

State

ZIP

7 [REDACTED]

Social Security number or FEIN

8 20.0000000

Share (%)

9a Check the appropriate box. See instructions.

☐ individual ☐ corporation ☒ trust  
☐ partnership ☐ S corporation ☐ estate

9b To be completed by the recipient on Line 5 only.

I am a: ☐ grantor trust ☐ disregarded entity  
and the amounts on this schedule will be reported by:

Name: \_\_\_\_\_

SSN or FEIN: \_\_\_\_\_

**Step 3: Figure your partner's or shareholder's share of your nonbusiness income or loss**

	A Member's share (See instructions.)	B Member's share allocable to Illinois
10 Interest	10 _____	_____
11 Dividends	11 _____	_____
12 Rental income	12 _____	_____
13 Patent royalties	13 _____	_____
14 Copyright royalties	14 _____	_____
15 Other royalty income	15 _____	_____
16 Capital gain or loss from real property	16 _____	_____
17 Capital gain or loss from tangible personal property	17 _____	_____
18 Capital gain or loss from intangible personal property	18 _____	_____
19 Other income and expense	19 _____	_____
Specify		

**Step 4: Figure your partner's or shareholder's share of your business income or loss**

	A Member's share from U.S. Schedule K-1, less nonbusiness income	B Member's share apportioned to Illinois
20 Ordinary income or loss from trade or business activity	20 <u>20,144</u>	<u>20,144</u>
21 Net income or loss from rental real estate activities	21 _____	_____
22 Net income or loss from other rental activities	22 _____	_____
23 Interest	23 _____	_____
24 Dividends	24 _____	_____
25 Royalties	25 _____	_____
26 Net short-term capital gain or loss	26 _____	_____
27 Net long-term capital gain or loss. Total for year.	27 _____	_____
28 Unrecaptured Section 1250 gain	28 _____	_____
29 Guaranteed payments to partner (U.S. Form 1065 only)	29 _____	_____
30 Net Section 1231 gain or loss (other than casualty or theft). Total for year.	30 _____	_____
31 Other income and expense <u>SEE STATEMENT</u>	31 <u>-870</u>	<u>-870</u>
Specify		

Enter identification number from Line 7.  
[REDACTED]

Document

Page 47 of 59

**Step 5: Figure your partner's or shareholder's share of Illinois additions and subtractions****K-1-P Recipient:** Before using the information provided in Step 5, you must read Schedule K-1-P(2) to correctly report the amounts listed in Columns A and B.

	<b>A</b> Member's share from Form IL-1065 or IL-1120-ST	<b>B</b> Member's share apportioned or allocated to Illinois
<b>Additions</b>		
32 Federally tax-exempt interest income	32	
33 Illinois replacement tax and surcharge deducted	33	
34 Illinois Special Depreciation addition	34	
35 Related-Party Expenses addition	35	
36 Distributive share of additions	36	
37 Other additions (from Illinois Schedule M for businesses)	37	
<b>Subtractions</b>		
38 a Interest from U.S. Treasury obligations (business income)	38a	
b Interest from U.S. Treasury obligations (nonbusiness income)	38b	
39 River Edge Redevelopment Zone Dividend subtraction	39	
40 High Impact Business Dividend subtraction	40	
41 Contribution subtraction (Form IL-1120-ST filers only)	41	
42 River Edge Redevelopment Zone Interest subtraction (Form IL-1120-ST financial organizations only)	42	
43 High Impact Business within a Foreign Trade Zone Interest subtraction (Form IL-1120-ST financial organizations only)	43	
44 Illinois Special Depreciation subtraction	44	
45 Related-Party Expenses subtraction	45	
46 Distributive share of subtractions	46	
47 Other subtractions (from Illinois Schedule M for businesses)	47	
	18,888	18,157

**Step 6: Figure your partner's or shareholder's (except a corporate partner or shareholder) share of your Illinois August 1, 1969, appreciation amounts**

	<b>A</b> Member's share from Illinois Schedule F (Form IL-1065 or IL-1120-ST)	<b>B</b> Member's share apportioned or allocated to Illinois
48 Section 1245 and 1250 gain	48	
49 Section 1231 gain	49	
50 Section 1231 gain less casualty and theft gain. See instructions.	50	
51 Capital gain	51	

**Step 7: Figure your partner's or shareholder's share of your Illinois credits, recapture, pass-through withholding, pass-through entity tax credit, and federal income subject to surcharge**

	Credit Code	Member's share from Illinois tax return		Member's share from Illinois tax return
<b>52 Illinois Income Tax Credits</b>			<b>53 Other credits</b>	
a Film Production Services 5000	52a		a Pass-through Entity Tax Credit	53a
b Enterprise Zone Investment 5080	52b		See instructions.	
c Enterprise Zone Construction Jobs 5120	52c		b Replacement Tax Investment Credits	53b
d High Impact Business Construction Jobs 5160	52d		See instructions.	
e Affordable Housing Donations 5260	52e		<b>54 Recapture</b>	
f EDGE 5300	52f		a Enterprise Zone or River	
g New Construction EDGE 5320	52g		Edge Redevelopment Zone	
h Research and Development 5340	52h		Investment Credit recapture	54a
i Wages paid to Ex-Felons 5380	52i		b Replacement Tax Investment	
j Student-Assistance Contribution 5420	52j		Credit recapture	54b
k Angel Investment 5460	52k		c Angel Investment Credit recapture	54c
l New Markets Development 5500	52l		<b>55 Pass-through withholding</b>	
m River Edge Historic Preservation 5540	52m		See instructions.	55
n River Edge Construction Jobs 5560	52n		<b>56 Federal income attributable to</b>	
o Live Theater Production 5580	52o		transactions subject to the	
p Hospital 5620	52p		Compassionate Use of Medical	
q Invest in Kids 5660	52q		Cannabis Program Act surcharge.	
r Data Center Construction Employment 5820	52r		See instructions.	56
s Apprenticeship Education Expense 0160	52s		<b>57 Federal income attributable to the</b>	
t Historic Preservation 1030	52t		sale or exchange of assets by a	
u Other income tax credits	52u		gaming licensee surcharge.	57
			See instructions.	

IL SCH K-1-P

OTHER BUSINESS INCOME AND EXPENSE

DESCRIPTION	TOTAL	ILLINOIS
SECTION 179 EXPENSE	-870	-870
TOTALS TO SCHEDULE K-1-P, LINE 31	-870	-870

IL SCH K-1-P MEMBER'S SHARE OF DISTRIBUTABLE BASE INCOME OR LOSS

1 ENTER THE SHARE OF INCOME FROM IL-1065 LINE 14 FOR THIS MEMBER (SCHEDULE K-1-P COLUMN A LINES 10-27 & 30-31)	\$	19,274.00
2 ENTER THE SHARE OF ADDITIONS DISTRIBUTABLE TO THIS MEMBER FROM IL-1065 LINES 15-20 AND LINE 22		0.00
3 ADD LINES 1 AND 2		19,274.00
4 ENTER THE SHARE OF SUBTRACTIONS DISTRIBUTABLE TO THIS MEMBER FROM IL-1065 LINES 24-25 AND 28-33		18,888.00
5 SUBTRACT LINE 4 FROM LINE 3	\$	386.00



Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

CLIENT'S COPY

PORTE BROWN LLC  
845 OAKTON STREET  
ELK GROVE VILLAGE, IL 60007

KUMAS HOLDINGS LLC  
2900 W. BELMONT AVE  
CHICAGO, IL 60618

|||||||



AUGUST 21, 2023

KUMAS HOLDINGS LLC  
2900 W. BELMONT AVE  
CHICAGO, IL 60618

DEAR CLIENT,

WE HAVE PREPARED AND ENCLOSED YOUR **2022 LIMITED LIABILITY COMPANY** RETURNS FOR THE YEAR ENDED **DECEMBER 25, 2022**.

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. PLEASE SIGN, DATE, AND RETURN FORM 8879-PE TO OUR OFFICE. WE WILL THEN SUBMIT YOUR ELECTRONIC RETURN TO THE IRS. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE IRS.

**ASAP** - RETURN FEDERAL FORM 8879-PE TO US, BUT NO LATER THAN: **BY SEPTEMBER 15, 2023**.

NO PAYMENT IS REQUIRED WITH THIS RETURN WHEN FILED.

THE ILLINOIS FORM IL-1065 RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. PLEASE SIGN, DATE AND RETURN FORM 8879-SO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IDOR. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IDOR. RETURN FORM 8879-SO TO US BY OCTOBER 16, 2023.

NO PAYMENT IS REQUIRED WITH THIS RETURN WHEN FILED.

ATTACHED ARE SCHEDULES K-1 FOR ALL MEMBERS INDICATING THEIR SHARE OF INCOME, DEDUCTIONS AND CREDITS TO BE REPORTED ON THEIR RESPECTIVE TAX RETURNS. THESE SCHEDULES SHOULD BE IMMEDIATELY FORWARDED TO EACH OF THE MEMBERS.

COPIES OF THE RETURNS ARE ENCLOSED FOR YOUR FILES.

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS REGARDING THE RETURNS.

VERY TRULY YOURS,

RACHEL VONDRASEK

**Porte Brown LLC**

845 Oakton St  
Elk Grove Village, IL 60007

1752 Capital St, Suite 400  
Elgin, IL 60124

909 Davis St, Suite 500  
Evanston, IL 60201

4123 W. Shamrock Ln  
McHenry, IL 60050

18400 West Creek Dr  
Tinley Park, IL 60477

## 2022 TAX RETURN FILING INSTRUCTIONS

U.S. RETURN OF PARTNERSHIP INCOME

**FOR THE YEAR ENDING**  
DECEMBER 25, 2022

---

**PREPARED FOR:**

KUMAS HOLDINGS LLC  
2900 W. BELMONT AVE  
CHICAGO, IL 60618

---

**PREPARED BY:**

PORTE BROWN LLC  
845 OAKTON STREET  
ELK GROVE VILLAGE, IL 60007

---

**TO BE SIGNED AND DATED BY:**

A MEMBER OF THE LLC

---

**AMOUNT OF TAX:**

NOT APPLICABLE

---

**ELECTRONIC FILING OR MAILING INSTRUCTIONS (IF APPLICABLE):**

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. PLEASE SIGN, DATE, AND RETURN FORM 8879-PE TO OUR OFFICE ASAP. WE WILL THEN SUBMIT YOUR ELECTRONIC RETURN.

---

**FORMS TO BE DISTRIBUTED TO PARTNERS:**

ENCLOSED ARE COPIES OF SCHEDULE K-1 TO BE DISTRIBUTED TO THE MEMBERS.

---

**RETURN MUST BE MAILED ON OR BEFORE:**

**ASAP** - RETURN FEDERAL FORM 8879-PE TO US, BUT NO LATER THAN: **BY SEPTEMBER 15, 2023.**

---

**SPECIAL INSTRUCTIONS:**

DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE IRS.

Form **1065****U.S. Return of Partnership Income**

OMB No. 1545-0123

Department of the Treasury  
Internal Revenue ServiceFor calendar year 2022, or tax year beginning DEC 27, 2021, ending DEC 25, 2022.Go to **www.irs.gov/Form1065** for instructions and the latest information.**2022**

<b>A</b> Principal business activity <b>INTANGIBLE ASSET</b>		Name of partnership <b>KUMAS HOLDINGS LLC</b>	<b>D</b> Employer identification number <b>81-4437492</b>
<b>B</b> Principal product or service <b>INTELLETUAL PRO</b>	Type or Print	Number, street, and room or suite no. If a P.O. box, see instructions. <b>2900 W. BELMONT AVE</b>	<b>E</b> Date business started <b>11/11/2016</b>
<b>C</b> Business code number <b>533110</b>		City or town, state or province, country, and ZIP or foreign postal code <b>CHICAGO IL 60618</b>	<b>F</b> Total assets (see instr.) <b>\$ 3,727,308.</b>

**G** Check applicable boxes: (1) ☐ Initial return (2) ☐ Final return (3) ☐ Name change (4) ☐ Address change (5) ☐ Amended return  
**H** Check accounting method: (1) ☐ Cash (2) ☒ Accrual (3) ☐ Other (specify) \_\_\_\_\_  
**I** Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year 2  
**J** Check if Schedules C and M-3 are attached ☐  
**K** Check if partnership: (1) ☐ Aggregated activities for section 465 at-risk purposes (2) ☐ Grouped activities for section 469 passive activity purposes

**Caution:** Include **only** trade or business income and expenses on lines 1a through 22 below. See instructions for more information.

<b>Income</b>	<b>1 a</b> Gross receipts or sales	<b>1a</b>	<b>456,491.</b>	
	<b>b</b> Returns and allowances	<b>1b</b>		
	<b>c</b> Balance. Subtract line 1b from line 1a			<b>1c 456,491.</b>
	<b>2</b> Cost of goods sold (attach Form 1125-A)			<b>2</b>
	<b>3</b> Gross profit. Subtract line 2 from line 1c			<b>3 456,491.</b>
	<b>4</b> Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)			<b>4</b>
	<b>5</b> Net farm profit (loss) (attach Schedule F (Form 1040))			<b>5</b>
	<b>6</b> Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)			<b>6</b>
<b>7</b> Other income (loss) (attach statement)		<b>SEE STATEMENT 1</b>	<b>7 1,478.</b>	
<b>8</b> <b>Total income (loss).</b> Combine lines 3 through 7			<b>8 457,969.</b>	
<b>Deductions (see instructions for limitations)</b>	<b>9</b> Salaries and wages (other than to partners) (less employment credits)			<b>9 253,662.</b>
	<b>10</b> Guaranteed payments to partners			<b>10</b>
	<b>11</b> Repairs and maintenance			<b>11</b>
	<b>12</b> Bad debts			<b>12</b>
	<b>13</b> Rent			<b>13</b>
	<b>14</b> Taxes and licenses		<b>SEE STATEMENT 2</b>	<b>14 51,927.</b>
	<b>15</b> Interest (see instructions)			<b>15 8,636.</b>
	<b>16 a</b> Depreciation (if required, attach Form 4562)	<b>16a</b>		
	<b>b</b> Less depreciation reported on Form 1125-A and elsewhere on return	<b>16b</b>		<b>16c</b>
	<b>17</b> Depletion ( <b>Do not deduct oil and gas depletion.</b> )			<b>17</b>
	<b>18</b> Retirement plans, etc.			<b>18</b>
<b>19</b> Employee benefit programs			<b>19 23,261.</b>	
<b>20</b> Other deductions (attach statement)		<b>SEE STATEMENT 3</b>	<b>20 359,214.</b>	
<b>21</b> <b>Total deductions.</b> Add the amounts shown in the far right column for lines 9 through 20			<b>21 696,700.</b>	
	<b>22</b> <b>Ordinary business income (loss).</b> Subtract line 21 from line 8			<b>22 -238,731.</b>
<b>Tax and Payment</b>	<b>23</b> Interest due under the look-back method-completed long-term contracts (attach Form 8697)			<b>23</b>
	<b>24</b> Interest due under the look-back method-income forecast method (attach Form 8866)			<b>24</b>
	<b>25</b> BBA AAR imputed underpayment (see instructions)			<b>25</b>
	<b>26</b> Other taxes (see instructions)			<b>26</b>
	<b>27</b> <b>Total balance due.</b> Add lines 23 through 26			<b>27</b>
	<b>28</b> Payment (see instructions)			<b>28</b>
	<b>29</b> <b>Amount owed.</b> If line 28 is smaller than line 27, enter amount owed			<b>29</b>
	<b>30</b> <b>Overpayment.</b> If line 28 is larger than line 27, enter overpayment			<b>30</b>

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than partner or limited liability company member) is based on all information of which preparer has any knowledge.		
	Signature of partner or limited liability company member	Date	May the IRS discuss this return with the preparer shown below? See instr. <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>RACHEL VONDRASEK</b>	Preparer's signature <b>RACHEL VONDRASEK</b>	Date	Check <input type="checkbox"/> if self-employed	PTIN <b>P01347030</b>
	Firm's name <b>PORTE BROWN LLC</b>				Firm's EIN <b>36-2663358</b>
	Firm's address <b>845 OAKTON STREET ELK GROVE VILLAGE, IL 60007</b>				Phone no. <b>847-956-1040</b>

Form 1065 (2022)

KUMAS HOLDINGS LLC

81-4437492 Page 2

**Schedule B Other Information**

<b>1</b> What type of entity is filing this return? Check the applicable box:	<b>Yes</b>	<b>No</b>
<b>a</b> <input type="checkbox"/> Domestic general partnership		
<b>b</b> <input type="checkbox"/> Domestic limited partnership		
<b>c</b> <input checked="" type="checkbox"/> Domestic limited liability company		
<b>d</b> <input type="checkbox"/> Domestic limited liability partnership		
<b>e</b> <input type="checkbox"/> Foreign partnership		
<b>f</b> <input type="checkbox"/> Other		

  

<b>2</b> At the end of the tax year:	<b>Yes</b>	<b>No</b>
<b>a</b> Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization, or any foreign government own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership .....		<b>X</b>
<b>b</b> Did any individual or estate own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership .....	<b>X</b>	

  

<b>3</b> At the end of the tax year, did the partnership:	<b>Yes</b>	<b>No</b>
<b>a</b> Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (iv) below .....		<b>X</b>

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock

  

<b>b</b> Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below .....	<b>Yes</b>	<b>No</b>
		<b>X</b>

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital

  

<b>4</b> Does the partnership satisfy <b>all four</b> of the following conditions?	<b>Yes</b>	<b>No</b>
<b>a</b> The partnership's total receipts for the tax year were less than \$250,000.		
<b>b</b> The partnership's total assets at the end of the tax year were less than \$ 1 million.		
<b>c</b> Schedules K-1 are filed with the return and furnished to the partners on or before the due date (including extensions) for the partnership return.		
<b>d</b> The partnership is not filing and is not required to file Schedule M-3 ..... If "Yes," the partnership is not required to complete Schedules L, M-1, and M-2; item F on page 1 of Form 1065; or item L on Schedule K-1.		<b>X</b>

  

<b>5</b> Is this partnership a publicly traded partnership, as defined in section 469(k)(2)? .....	<b>Yes</b>	<b>No</b>
		<b>X</b>

  

<b>6</b> During the tax year, did the partnership have any debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt? .....	<b>Yes</b>	<b>No</b>
		<b>X</b>

  

<b>7</b> Has this partnership filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction? .....	<b>Yes</b>	<b>No</b>
		<b>X</b>

  

<b>8</b> At any time during calendar year 2022, did the partnership have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country .....	<b>Yes</b>	<b>No</b>
		<b>X</b>

  

<b>9</b> At any time during the tax year, did the partnership receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the partnership may have to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts. See instructions .....	<b>Yes</b>	<b>No</b>
		<b>X</b>

  

<b>10 a</b> Is the partnership making, or had it previously made (and not revoked), a sec. 754 election? See instr. for details regarding a sec. 754 election ...	<b>Yes</b>	<b>No</b>
		<b>X</b>
<b>b</b> Did the partnership make for this tax year an optional basis adjustment under section 743(b) or 734(b)? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions .....		<b>X</b>
<b>c</b> Is the partnership required to adjust the basis of partnership assets under section 743(b) or 734(b) because of a substantial built-in loss (as defined under section 743(d)) or substantial basis reduction (as defined under section 734(d))? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instruction .....		<b>X</b>

Form 1065 (2022)

KUMAS HOLDINGS LLC

81-4437492 Page 3

**Schedule B Other Information** (continued)

	Yes	No
<b>11</b> Check this box if, during the current or prior tax year, the partnership distributed any property received in a like-kind exchange or contributed such property to another entity (other than disregarded entities wholly owned by the partnership throughout the tax year) <input type="checkbox"/>		
<b>12</b> At any time during the tax year, did the partnership distribute to any partner a tenancy-in-common or other undivided interest in partnership property?		<b>X</b>
<b>13</b> If the partnership is required to file Form 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), enter the number of Forms 8858 attached. See instructions		
<b>14</b> Does the partnership have any foreign partners? If "Yes," enter the number of Forms 8805, Foreign Partner's Information Statement of Section 1446 Withholding Tax, filed for this partnership		<b>X</b>
<b>15</b> Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached to this return		
<b>16 a</b> Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions		<b>X</b>
<b>b</b> If "Yes," did you or will you file required Form(s) 1099?		
<b>17</b> Enter the number of Forms 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations, attached to this return		
<b>18</b> Enter the number of partners that are foreign governments under section 892		
<b>19</b> During the partnership's tax year, did the partnership make any payments that would require it to file Form 1042 and 1042-S under chapter 3 (sections 1441 through 1464) or chapter 4 (sections 1471 through 1474)?		<b>X</b>
<b>20</b> Was the partnership a specified domestic entity required to file Form 8938 for the tax year? See the Instructions for Form 8938		<b>X</b>
<b>21</b> Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)?		<b>X</b>
<b>22</b> During the tax year, did the partnership pay or accrue any interest or royalty for which one or more partners are not allowed a deduction under section 267A? See instructions If "Yes," enter the total amount of the disallowed deductions \$		<b>X</b>
<b>23</b> Did the partnership have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions		<b>X</b>
<b>24</b> Does the partnership satisfy one or more of the following? See instructions <b>a</b> The partnership owns a pass-through entity with current, or prior year carryover, excess business interest expense. <b>b</b> The partnership's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than \$27 million and the partnership has business interest expense. <b>c</b> The partnership is a tax shelter (see instructions) and the partnership has business interest expense. If "Yes" to any, complete and attach Form 8990.		<b>X</b>
<b>25</b> Is the partnership attaching Form 8996 to certify as a Qualified Opportunity Fund? If "Yes," enter the amount from Form 8996, line 15 \$		<b>X</b>
<b>26</b> Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership Complete Schedule K-3 (Form 1065), Part XIII, for each foreign partner subject to section 864(c)(8) on a transfer or distribution.		
<b>27</b> At any time during the tax year, were there any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8?		<b>X</b>
<b>28</b> Since December 22, 2017, did a foreign corporation directly or indirectly acquire substantially all of the properties constituting a trade or business of your partnership, and was the ownership percentage (by vote or value) for purposes of section 7874 greater than 50% (for example, the partners held more than 50% of the stock of the foreign corporation)? If "Yes," list the ownership percentage by vote and by value. See instructions. Percentage: By vote By value		<b>X</b>
<b>29</b> Reserved for future use		
<b>30</b> Is the partnership electing out of the centralized partnership audit regime under section 6221(b)? See instructions If "Yes," the partnership must complete Sch. B-2 (Form 1065). Enter the total from Sch. B-2, Part III, line 3 If "No," complete Designation of Partnership Representative below.		<b>X</b>

**Designation of Partnership Representative** (see instructions)

Enter below the information for the partnership representative (PR) for the tax year covered by this return.

Name of PR **RONALD R CAIN, THE RONALD R CAIN LIVING**U.S. address of PR **2900 W BELMONT AVE  
CHICAGO, IL 60618**U.S. phone number of PR **773-604-8769**

If the PR is an entity, name of the designated individual for the PR

U.S. address of designated individual

U.S. phone number of designated individual

Schedule K Partners' Distributive Share Items			Total amount	
Income (Loss)	1	Ordinary business income (loss) (page 1, line 22)	1	-238,731.
	2	Net rental real estate income (loss) (attach Form 8825)	2	
	3a	Other gross rental income (loss)	3a	
	b	Expenses from other rental activities (attach statement)	3b	
	c	Other net rental income (loss). Subtract line 3b from line 3a	3c	
	4	Guaranteed payments: a Services 4a b Capital 4b	4c	
	c	Total. Add lines 4a and 4b	4c	
	5	Interest income SEE STATEMENT 4	5	1,590.
	6	Dividends and dividend equivalents: a Ordinary dividends	6a	
	b	Qualified dividends 6b c Dividend equivalents 6c	6c	
	7	Royalties	7	
8	Net short-term capital gain (loss) (attach Schedule D (Form 1065))	8		
9a	Net long-term capital gain (loss) (attach Schedule D (Form 1065))	9a		
b	Collectibles (28%) gain (loss) 9b	9b		
c	Unrecaptured section 1250 gain (attach statement) 9c	9c		
10	Net section 1231 gain (loss) (attach Form 4797)	10		
11	Other income (loss) (see instructions) Type	11		
Deductions	12	Section 179 deduction (attach Form 4562)	12	
	13a	Contributions SEE STATEMENT 5	13a	750.
	b	Investment interest expense	13b	
	c	Section 59(e)(2) expenditures: (1) Type (2) Amount	13c(2)	
Self-Employment	d	Other deductions (see instructions) Type	13d	
	14a	Net earnings (loss) from self-employment	14a	-190,985.
	b	Gross farming or fishing income	14b	
c	Gross nonfarm income	14c	366,376.	
Credits	15a	Low-income housing credit (section 42(j)(5))	15a	
	b	Low-income housing credit (other)	15b	
	c	Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	15c	
	d	Other rental real estate credits (see instructions) Type	15d	
	e	Other rental credits (see instructions) Type	15e	
	f	Other credits (see instructions) Type	15f	
Inter-national	16	Attach Schedule K-2 (Form 1065), Partners' Distributive Share Items-International, and check this box to indicate that you are reporting items of international tax relevance <input type="checkbox"/>		
Alternative Minimum Tax (AMT) Items	17a	Post-1986 depreciation adjustment	17a	
	b	Adjusted gain or loss	17b	
	c	Depletion (other than oil and gas)	17c	
	d	Oil, gas, and geothermal properties - gross income	17d	
	e	Oil, gas, and geothermal properties - deductions	17e	
	f	Other AMT items (attach statement)	17f	
Other Information	18a	Tax-exempt interest income	18a	
	b	Other tax-exempt income	18b	
	c	Nondeductible expenses	18c	
	19a	Distributions of cash and marketable securities	19a	
	b	Distributions of other property	19b	
	20a	Investment income	20a	1,590.
	b	Investment expenses	20b	
	c	Other items and amounts (attach statement) STMT 6		
21	Total foreign taxes paid or accrued	21		



**Analysis of Net Income (Loss) per Return**

1 Net income (loss). Combine Schedule K, lines 1 through 11. From the result, subtract the sum of Schedule K, lines 12 through 13d, and 21						1	-237,891.
2 Analysis by partner type:	(i) Corporate	(ii) Individual (active)	(iii) Individual (passive)	(iv) Partnership	(v) Exempt Organization	(vi) Nominee/Other	
a General partners							
b Limited partners		-190,313.					-47,578.

**Schedule L Balance Sheets per Books**

Assets	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
1 Cash		534,004.		344,202.
2a Trade notes and accounts receivable				
b Less allowance for bad debts				
3 Inventories				
4 U.S. government obligations				
5 Tax-exempt securities				
6 Other current assets (attach statement)	STATEMENT 7	328,476.		724,746.
7a Loans to partners (or persons related to partners)				16,426.
b Mortgage and real estate loans				
8 Other investments (attach statement)				
9a Buildings and other depreciable assets	4,349.		4,349.	
b Less accumulated depreciation	4,349.		4,349.	
10a Depletable assets				
b Less accumulated depletion				
11 Land (net of any amortization)				
12a Intangible assets (amortizable only)	4,400,000.		4,429,307.	
b Less accumulated amortization	1,491,109.	2,908,891.	1,787,373.	2,641,934.
13 Other assets (attach statement)				
14 Total assets		3,771,371.		3,727,308.
Liabilities and Capital				
15 Accounts payable				
16 Mortgages, notes, bonds payable in less than 1 year				
17 Other current liabilities (attach statement)	STATEMENT 8	292,132.		423,429.
18 All nonrecourse loans				
19a Loans from partners (or persons related to partners)		41,769.		
b Mortgages, notes, bonds payable in 1 year or more		3,505,700.		3,610,000.
20 Other liabilities (attach statement)				
21 Partners' capital accounts		-68,230.		-306,121.
22 Total liabilities and capital		3,771,371.		3,727,308.

**Schedule M-1 Reconciliation of Income (Loss) per Books With Analysis of Net Income (Loss) per Return**

Note: The partnership may be required to file Schedule M-3. See instructions.

1 Net income (loss) per books	-237,891.	6 Income recorded on books this year not included on Schedule K, lines 1 through 11 (itemize):	
2 Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11, not recorded on books this year (itemize):		a Tax-exempt interest \$	
3 Guaranteed payments (other than health insurance)		7 Deductions included on Schedule K, lines 1 through 13d, and 21, not charged against book income this year (itemize):	
4 Expenses recorded on books this year not included on Schedule K, lines 1 through 13d, and 21 (itemize):		a Depreciation \$	
a Depreciation \$		8 Add lines 6 and 7	
b Travel and entertainment \$		9 Income (loss) (Analysis of Net Income (Loss), line 1). Subtract line 8 from line 5	-237,891.
5 Add lines 1 through 4	-237,891.		

**Schedule M-2 Analysis of Partners' Capital Accounts**

1 Balance at beginning of year	-236,442.	6 Distributions: a Cash	
2 Capital contributed: a Cash		b Property	
b Property		7 Other decreases (itemize):	
3 Net income (loss) (see instructions)	-237,891.	8 Add lines 6 and 7	0.
4 Other increases (itemize):		9 Balance at end of year. Subtract line 8 from line 5	-474,333.
5 Add lines 1 through 4	-474,333.		

**SCHEDULE B-1  
(Form 1065)**(Rev. August 2019)  
Department of the Treasury  
Internal Revenue Service**Information on Partners Owning 50% or  
More of the Partnership**

▶ Attach to Form 1065.

OMB No. 1545-0123

▶ Go to [www.irs.gov/Form1065](http://www.irs.gov/Form1065) for the latest information.

Name of partnership

Employer identification number

KUMAS HOLDINGS LLC

81-4437492

**Part I Entities Owning 50% or More of the Partnership** (Form 1065, Schedule B, Question 2a (Question 3a for 2009 through 2017))

Complete columns (i) through (v) below for any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, tax-exempt organization, or any foreign government that owns, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership (see instructions).

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital

**Part II Individuals or Estates Owning 50% or More of the Partnership** (Form 1065, Schedule B, Question 2b (Question 3b for 2009 through 2017))

Complete columns (i) through (iv) below for any individual or estate that owns, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership (see instructions).

(i) Name of Individual or Estate	(ii) Identifying Number (if any)	(iii) Country of Citizenship (see instructions)	(iv) Maximum Percentage Owned in Profit, Loss, or Capital
RONALD R CAIN, THE RONALD R CAIN LIVING T		UNITED STATES	80.00

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1065.

Schedule B-1 (Form 1065) (Rev. 8-2019)

Form **4562****Depreciation and Amortization**  
(Including Information on Listed Property)

OTHER

1

OMB No. 1545-0172

**2022**Attachment  
Sequence No. **179**Department of the Treasury  
Internal Revenue ServiceGo to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

KUMAS HOLDINGS LLC

PARTNERSHIP ACTIVITY

81-4437492

**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2021 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

**Part III MACRS Depreciation (Don't include listed property. See instructions.)****Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2022	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B - Assets Placed in Service During 2022 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

**Section C - Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year	/		30 yrs.	MM	S/L	
d 40-year	/		40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Form 4562 (2022)

KUMAS HOLDINGS LLC

81-4437492 Page 2

**Part V****Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)****24a** Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
--	-------------------------------------	--	-------------------------------	--	---------------------------	------------------------------	----------------------------------	---------------------------------------

**25** Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use**25****26** Property used more than 50% in a qualified business use:

	:	:	%					
	:	:	%					
	:	:	%					

**27** Property used 50% or less in a qualified business use:

	:	:	%			S/L -		
	:	:	%			S/L -		
	:	:	%			S/L -		

**28** Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1**28****29** Add amounts in column (i), line 26. Enter here and on line 7, page 1**29****Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle
<b>30</b> Total business/investment miles driven during the year ( <b>don't</b> include commuting miles)						
<b>31</b> Total commuting miles driven during the year						
<b>32</b> Total other personal (noncommuting) miles driven						
<b>33</b> Total miles driven during the year. Add lines 30 through 32						
<b>34</b> Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?						
<b>36</b> Is another vehicle available for personal use?						

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons.

	Yes	No
<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
<b>39</b> Do you treat all use of vehicles by employees as personal use?		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use?		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
-----------------------------	------------------------------------	------------------------------	------------------------	---	--------------------------------------

**42** Amortization of costs that begins during your 2022 tax year:

<b>2022 R&amp;D COSTS CAPITALIZED</b>	070122	29,307.	174	60M	2,931.
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**43** Amortization of costs that began before your 2022 tax year **STMT 9** **43** 293,333.**44 Total.** Add amounts in column (f). See the instructions for where to report **44** 296,264.

FORM 1065	OTHER INCOME	STATEMENT 1
DESCRIPTION		AMOUNT
OTHER INCOME		1,478.
TOTAL TO FORM 1065, LINE 7		1,478.

FORM 1065	TAX EXPENSE	STATEMENT 2
DESCRIPTION		AMOUNT
PAYROLL TAXES		51,927.
TOTAL TO FORM 1065, LINE 14		51,927.

FORM 1065	OTHER DEDUCTIONS	STATEMENT 3
DESCRIPTION		AMOUNT
ADVERTISING		17,890.
AMORTIZATION EXPENSE		296,264.
DUES AND SUBSCRIPTIONS		4,549.
MEALS NOT SUBJECT TO LIMITATION		30.
OFFICE		4,692.
POSTAGE		80.
PROFESSIONAL		25,127.
TRAINING & EDUCATION		3,227.
TRAVEL		4,722.
TRUCK AND AUTO		2,633.
TOTAL TO FORM 1065, LINE 20		359,214.

SCHEDULE K	INTEREST INCOME	STATEMENT 4
DESCRIPTION	U.S. BONDS	OTHER
INTEREST INCOME		1,590.
TOTAL TO SCHEDULE K, LINE 5		1,590.

SCHEDULE K		CHARITABLE CONTRIBUTIONS	STATEMENT 5
DESCRIPTION	TYPE		AMOUNT
CHARITABLE CONTRIBUTIONS	CASH (60%)		750.
TOTALS TO SCHEDULE K, LINE 13A			750.

SCHEDULE K		OTHER ITEMS	STATEMENT 6
DESCRIPTION			AMOUNT
SECTION 199A - ORDINARY INCOME (LOSS)			-238,731.
SECTION 199A W-2 WAGES			424,384.
SECTION 199A UNADJUSTED BASIS OF ASSETS			4,349.
BUSINESS INTEREST EXPENSE			8,636.

SCHEDULE L		OTHER CURRENT ASSETS	STATEMENT 7
DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR	
DUE TO/FROM AFFILIATES	207,258.	577,619.	
ERC RECEIVABLE	121,218.	90,785.	
OTHER CURRENT ASSETS		56,342.	
TOTAL TO SCHEDULE L, LINE 6	328,476.	724,746.	

SCHEDULE L		OTHER CURRENT LIABILITIES	STATEMENT 8
DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR	
ACCRUED PAYROLL	13,947.	5,365.	
ACCRUED PAYROLL TAXES	3,415.	1,136.	
DUE TO AFFILIATES	274,770.	416,928.	
TOTAL TO SCHEDULE L, LINE 17	292,132.	423,429.	

FORM 4562		PART VI - AMORTIZATION				STATEMENT 9
(A) DESCRIPTION OF COSTS	(B) DATE BEGAN	(C) AMORT. AMOUNT	(D) CODE SECT.	(E) LIFE/ RATE	(F) ACCUM. AMORT.	(G) AMORT. THIS YR.
INTELLECTUAL PROPERTY	12/05/16	4,400,000.	197	180M	1,491,109.	293,333.
TOTAL TO FORM 4562, LINE 43						293,333.

651121

**Schedule K-1  
(Form 1065)**

Department of the Treasury  
Internal Revenue Service

**2022**

For calendar year 2022, or tax year

☐ Final K-1

☐ Amended K-1

OMB No. 1545-0123

beginning 12/27/2021 ending 12/25/2022  
**Partner's Share of Income, Deductions, Credits, etc.** See separate instructions.

**Part I Information About the Partnership**

**A** Partnership's employer identification number  
81-4437492

**B** Partnership's name, address, city, state, and ZIP code  
  
KUMAS HOLDINGS LLC  
2900 W. BELMONT AVE  
CHICAGO, IL 60618

**C** IRS center where partnership filed return:  
E-FILE

**D** ☐ Check if this is a publicly traded partnership (PTP)

**Part II Information About the Partner**

**E** Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instructions.)  
[REDACTED]

**F** Name, address, city, state, and ZIP code for partner entered in E. See instructions.  
RONALD R CAIN  
THE RONALD R CAIN LIVING TRUST  
2900 W BELMONT AVE  
CHICAGO, IL 60618

**G** ☒ General partner or LLC member-manager ☐ Limited partner or other LLC member

**H1** ☒ Domestic partner ☐ Foreign partner

**H2** ☐ If the partner is a disregarded entity (DE), enter the partner's:

TIN \_\_\_\_\_ Name \_\_\_\_\_

**I1** What type of entity is this partner? INDIVIDUAL

**I2** If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here ☐

**J** Partner's share of profit, loss, and capital:

	Beginning	Ending
Profit	<u>80.0000000 %</u>	<u>80.0000000 %</u>
Loss	<u>80.0000000 %</u>	<u>80.0000000 %</u>
Capital	<u>80.0000000 %</u>	<u>80.0000000 %</u>

Check if decrease is due to sale or exchange of partnership interest ☐

**K** Partner's share of liabilities:

	Beginning	Ending
Nonrecourse	<u>\$</u>	<u>\$</u>
Qualified nonrecourse financing	<u>\$ 452,560.</u>	<u>\$ 680,000.</u>
Recourse	<u>\$ 2,613,585.</u>	<u>\$ 2,541,542.</u>

Check this box if Item K includes liability amounts from lower-tier partnerships ☐

**L Partner's Capital Account Analysis**

Beginning capital account	<u>\$ -189,152.</u>
Capital contributed during the year	<u>\$</u>
Current year net income (loss)	<u>\$ -190,313.</u>
Other increase (decrease) (attach explanation)	<u>\$</u>
Withdrawals and distributions	<u>\$ ( )</u>
Ending capital account	<u>\$ -379,465.</u>

**M** Did the partner contribute property with a built-in gain (loss)?  
☐ Yes ☒ No If "Yes," attach statement. See instructions.

**N Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)**

Beginning	<u>\$</u>
Ending	<u>\$</u>

**Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items**

<b>1</b> Ordinary business income (loss) <u>-190,985.</u>	<b>14</b> Self-employment earnings (loss) <b>A</b> <u>-190,985.</u>
<b>2</b> Net rental real estate income (loss)	<b>C</b> <u>366,376.</u>
<b>3</b> Other net rental income (loss)	<b>15</b> Credits
<b>4a</b> Guaranteed payments for services	<b>16</b> Schedule K-3 is attached if checked <input type="checkbox"/>
<b>4b</b> Guaranteed payments for capital	<b>17</b> Alternative min tax (AMT) items
<b>4c</b> Total guaranteed payments	
<b>5</b> Interest income <u>1,272.</u>	<b>18</b> Tax-exempt income and nondeductible expenses
<b>6a</b> Ordinary dividends	
<b>6b</b> Qualified dividends	
<b>6c</b> Dividend equivalents	<b>19</b> Distributions
<b>7</b> Royalties	<b>20</b> Other information <b>A</b> <u>1,272.</u>
<b>8</b> Net short-term capital gain (loss)	<b>N</b> * <u>6,909.</u>
<b>9a</b> Net long-term capital gain (loss)	<b>Z</b> * <u>STMT</u>
<b>9b</b> Collectibles (28%) gain (loss)	
<b>9c</b> Unrecaptured section 1250 gain	
<b>10</b> Net section 1231 gain (loss)	
<b>11</b> Other income (loss)	
<b>12</b> Section 179 deduction	<b>21</b> Foreign taxes paid or accrued
<b>13</b> Other deductions <b>A</b> <u>600.</u>	
<b>22</b> <input type="checkbox"/> More than one activity for at-risk purposes*	
<b>23</b> <input type="checkbox"/> More than one activity for passive activity purposes*	

\*See attached statement for additional information.

For IRS Use Only



SCHEDULE K-1

BUSINESS INTEREST EXPENSE, BOX 20, CODE N

DESCRIPTION	PARTNER FILING INSTRUCTIONS	AMOUNT
BUSINESS INTEREST EXPENSE (INCLUDED IN ORDINARY BUSINESS INCOME (LOSS))	SEE PARTNERS INSTRUCTIONS	6,909.
TOTAL TO SCHEDULE K-1, BOX 20, CODE N		6,909.

SCHEDULE K-1

SECTION 199A INFORMATION, BOX 20, CODE Z

DESCRIPTION	AMOUNT
TRADE OR BUSINESS - PARTNERSHIP ACTIVITY	
ORDINARY INCOME (LOSS)	-190,985.
SELF-EMPLOYMENT EARNINGS(LOSS)	-190,985.
W-2 WAGES	339,508.
UNADJUSTED BASIS OF ASSETS	3,479.

SCHEDULE K-1

SECTION 199A ADDITIONAL INFORMATION

THE SECTION 199A AMOUNTS TO BE USED IN THE CALCULATION OF QUALIFIED BUSINESS INCOME DEDUCTION ON YOUR 1040/1041 RETURN ARE REPORTED ON LINE 20, UNDER CODE Z. PLEASE CONSULT YOUR TAX ADVISOR REGARDING THE CALCULATION OF THE QUALIFIED BUSINESS INCOME DEDUCTION, INCLUDING THE POSSIBLE AGGREGATIONS AND LIMITATIONS THAT MAY APPLY AND THE FILING OF THE 1.199A-4(C)(2)(I) ANNUAL DISCLOSURE STATEMENT.

SCHEDULE K-1 CURRENT YEAR NET INCOME (LOSS) AND OTHER INCREASES(DECREASES)		
DESCRIPTION	AMOUNT	TOTALS
ORDINARY INCOME (LOSS)	-190,985.	
INTEREST INCOME	1,272.	
SCHEDULE K-1 INCOME SUBTOTAL		-189,713.
CHARITABLE CONTRIBUTIONS	-600.	
SCHEDULE K-1 DEDUCTIONS SUBTOTAL		-600.
NET INCOME (LOSS) PER SCHEDULE K-1		-190,313.

SCHEDULE K-1 SCHEDULE K-3 NOTIFICATION

THE SCHEDULE K-3 HAS NOT BEEN PREPARED FOR YOU. YOU WILL NOT RECEIVE A COPY OF THE SCHEDULE UNLESS YOU REQUEST ONE.

651121

**Schedule K-1  
(Form 1065)**

Department of the Treasury  
Internal Revenue Service

**2022**

For calendar year 2022, or tax year

☐ Final K-1

☐ Amended K-1

OMB No. 1545-0123

beginning 12/27/2021 ending 12/25/2022

**Partner's Share of Income, Deductions, Credits, etc.**

See separate instructions.

**Part I Information About the Partnership**

**A** Partnership's employer identification number

**81-4437492**

**B** Partnership's name, address, city, state, and ZIP code

**KUMAS HOLDINGS LLC  
2900 W. BELMONT AVE  
CHICAGO, IL 60618**

**C** IRS center where partnership filed return:

**E-FILE**

**D** ☐ Check if this is a publicly traded partnership (PTP)

**Part II Information About the Partner**

**E** Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instructions.)

**F** Name, address, city, state, and ZIP code for partner entered in E. See instructions.

**MILLENNIUM TRUST COMPANY LLC, CUSTODI  
F/B/O DAVID P. KAMINSKI SDI  
2001 SPRING ROAD, STE 700  
OAK BROOK, IL 60523**

**G** ☐ General partner or LLC member-manager

☒ Limited partner or other LLC member

**H1** ☒ Domestic partner

☐ Foreign partner

**H2** ☐ If the partner is a disregarded entity (DE), enter the partner's:

TIN \_\_\_\_\_ Name \_\_\_\_\_

**I1** What type of entity is this partner? **IRA**

**I2** If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here ☒

**J** Partner's share of profit, loss, and capital:

	Beginning	Ending
Profit	20.0000000 %	20.0000000 %
Loss	20.0000000 %	20.0000000 %
Capital	20.0000000 %	20.0000000 %

Check if decrease is due to sale or exchange of partnership interest ☐

**K** Partner's share of liabilities:

	Beginning	Ending
Nonrecourse	\$	\$
Qualified nonrecourse financing	\$ 113,140.	\$ 170,000.
Recourse	\$ 642,954.	\$ 635,386.

Check this box if Item K includes liability amounts from lower-tier partnerships ☐

**L Partner's Capital Account Analysis**

Beginning capital account	\$ -47,290.
Capital contributed during the year	\$
Current year net income (loss)	\$ -47,578.
Other increase (decrease) (attach explanation)	\$
Withdrawals and distributions	\$ ( )
Ending capital account	\$ -94,868.

**M** Did the partner contribute property with a built-in gain (loss)?

☐ Yes ☒ No If "Yes," attach statement. See instructions.

**N Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)**

Beginning	\$
Ending	\$

**Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items**

<b>1</b> Ordinary business income (loss) -47,746.	<b>14</b> Self-employment earnings (loss)
<b>2</b> Net rental real estate income (loss)	<b>15</b> Credits
<b>3</b> Other net rental income (loss)	
<b>4a</b> Guaranteed payments for services	<b>16</b> Schedule K-3 is attached if checked <input type="checkbox"/>
<b>4b</b> Guaranteed payments for capital	<b>17</b> Alternative min tax (AMT) items
<b>4c</b> Total guaranteed payments	
<b>5</b> Interest income 318.	<b>18</b> Tax-exempt income and nondeductible expenses
<b>6a</b> Ordinary dividends	
<b>6b</b> Qualified dividends	
<b>6c</b> Dividend equivalents	<b>19</b> Distributions
<b>7</b> Royalties	<b>20</b> Other information
<b>8</b> Net short-term capital gain (loss)	<b>A</b> 318.
<b>9a</b> Net long-term capital gain (loss)	<b>N</b> * 1,727.
<b>9b</b> Collectibles (28%) gain (loss)	<b>Z</b> * STMT
<b>9c</b> Unrecaptured section 1250 gain	
<b>10</b> Net section 1231 gain (loss)	
<b>11</b> Other income (loss)	
<b>12</b> Section 179 deduction	<b>21</b> Foreign taxes paid or accrued
<b>13</b> Other deductions <b>A</b> 150.	
<b>22</b> <input type="checkbox"/> More than one activity for at-risk purposes*	
<b>23</b> <input type="checkbox"/> More than one activity for passive activity purposes*	

\*See attached statement for additional information.

For IRS Use Only

SCHEDULE K-1 BUSINESS INTEREST EXPENSE, BOX 20, CODE N

DESCRIPTION	PARTNER FILING INSTRUCTIONS	AMOUNT
BUSINESS INTEREST EXPENSE (INCLUDED IN ORDINARY BUSINESS INCOME (LOSS))	SEE PARTNERS INSTRUCTIONS	1,727.
TOTAL TO SCHEDULE K-1, BOX 20, CODE N		1,727.

SCHEDULE K-1 SECTION 199A INFORMATION, BOX 20, CODE Z

DESCRIPTION	AMOUNT
TRADE OR BUSINESS - PARTNERSHIP ACTIVITY	
ORDINARY INCOME (LOSS)	-47,746.
W-2 WAGES	84,876.
UNADJUSTED BASIS OF ASSETS	870.

SCHEDULE K-1 SECTION 199A ADDITIONAL INFORMATION

THE SECTION 199A AMOUNTS TO BE USED IN THE CALCULATION OF QUALIFIED BUSINESS INCOME DEDUCTION ON YOUR 1040/1041 RETURN ARE REPORTED ON LINE 20, UNDER CODE Z. PLEASE CONSULT YOUR TAX ADVISOR REGARDING THE CALCULATION OF THE QUALIFIED BUSINESS INCOME DEDUCTION, INCLUDING THE POSSIBLE AGGREGATIONS AND LIMITATIONS THAT MAY APPLY AND THE FILING OF THE 1.199A-4(C)(2)(I) ANNUAL DISCLOSURE STATEMENT.

SCHEDULE K-1 CURRENT YEAR NET INCOME (LOSS) AND OTHER INCREASES(DECREASES)		
DESCRIPTION	AMOUNT	TOTALS
ORDINARY INCOME (LOSS)	-47,746.	
INTEREST INCOME	318.	
SCHEDULE K-1 INCOME SUBTOTAL		-47,428.
CHARITABLE CONTRIBUTIONS	-150.	
SCHEDULE K-1 DEDUCTIONS SUBTOTAL		-150.
NET INCOME (LOSS) PER SCHEDULE K-1		-47,578.

SCHEDULE K-1SCHEDULE K-3 NOTIFICATION

THE SCHEDULE K-3 HAS NOT BEEN PREPARED FOR YOU. YOU WILL NOT RECEIVE A COPY OF THE SCHEDULE UNLESS YOU REQUEST ONE.

**Worksheet for Figuring Net Earnings (Loss) From Self-Employment**

Name of partnership		Employer identification number	
<b>KUMAS HOLDINGS LLC</b>		<b>81-4437492</b>	
<b>1 a</b> Ordinary income (loss) (Schedule K, line 1)	<b>1a</b>	<b>-238,731.</b>	
<b>b</b> Net income (loss) from <b>CERTAIN</b> rental real estate activities	<b>1b</b>		
<b>c</b> Net income (loss) from other rental activities (Schedule K, line 3c)	<b>1c</b>		
<b>d</b> Net loss from Form 4797, Part II, line 17, included on line 1a above. Enter as a positive amount	<b>1d</b>		
<b>e</b> Other additions	<b>1e</b>		
<b>f</b> Combine lines 1a through 1e	<b>1f</b>	<b>-238,731.</b>	
<b>2 a</b> Net gain from Form 4797, Part II, line 17, included on line 1a above	<b>2a</b>		
<b>b</b> Other subtractions	<b>2b</b>		
<b>c</b> Add lines 2a and 2b	<b>2c</b>		
<b>3 a</b> Subtract line 2c from line 1f. If line 1f is a loss, increase the loss on line 1f by the amount on line 2c	<b>3a</b>	<b>-238,731.</b>	
<b>b</b> Part of line 3a allocated to limited partners, estates, trusts, corporations, exempt organizations, and IRAs	<b>3b</b>	<b>-47,746.</b>	
<b>c</b> Subtract line 3b from line 3a			<b>3c -190,985.</b>
<b>4 a</b> Guaranteed payments to partners (Schedule K, line 4a) derived from a trade or business as defined in section 1402(c)	<b>4a</b>		
<b>b</b> Part of line 4a allocated to individual limited partners for <b>other than</b> services and to estates, trusts, corporations, exempt organizations, and IRAs	<b>4b</b>		
<b>c</b> Subtract line 4b from line 4a			<b>4c</b>
<b>5</b> Net earnings (loss) from self-employment. Combine lines 3c and 4c. Enter here and on Schedule K, line 14a	<b>5</b>		<b>-190,985.</b>

SECTION 1.263(A)-1(F) DE MINIMIS SAFE HARBOR ELECTION

KUMAS HOLDINGS LLC  
2900 W. BELMONT AVE  
CHICAGO, IL 60618

EMPLOYER IDENTIFICATION NUMBER: 81-4437492

FOR THE YEAR ENDING DECEMBER 25, 2022

KUMAS HOLDINGS LLC IS MAKING THE DE MINIMIS SAFE HARBOR ELECTION  
UNDER REG. SEC. 1.263(A)-1(F).

## 2022 TAX RETURN FILING INSTRUCTIONS

ILLINOIS FORM IL-1065

### FOR THE YEAR ENDING

DECEMBER 25, 2022

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**PREPARED FOR:**

KUMAS HOLDINGS LLC  
2900 W. BELMONT AVE  
CHICAGO, IL 60618

---

**PREPARED BY:**

PORTE BROWN LLC  
845 OAKTON STREET  
ELK GROVE VILLAGE, IL 60007

---

**TO BE SIGNED AND DATED BY:**

A MEMBER OF THE LLC

---

**AMOUNT OF TAX:**

TOTAL TAX	\$	0
LESS: PAYMENTS AND CREDITS	\$	0
PLUS OTHER AMOUNT	\$	0
PLUS INTEREST AND PENALTIES	\$	0
NO PMT REQUIRED	\$	

---

**OVERPAYMENT:**

NOT APPLICABLE

---

**MAKE CHECK PAYABLE TO:**

NOT APPLICABLE

---

**ELECTRONIC FILING OR MAILING INSTRUCTIONS (IF APPLICABLE):**

THE ILLINOIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. PLEASE RETURN THE E-FILE CONSENT TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IDOR.

---

**FORMS TO BE DISTRIBUTED TO PARTNERS:**

ENCLOSED ARE COPIES OF SCHEDULE K-1-P TO BE DISTRIBUTED TO EACH PARTNER.

---

**RETURN MUST BE MAILED ON OR BEFORE:**

RETURN FORM 8879-SO TO US **BY OCTOBER 16, 2023.**

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**SPECIAL INSTRUCTIONS:**

DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE IDOR.



## Illinois Department of Revenue

## 2022 Form IL-1065

## Partnership Replacement Tax Return

See "When should I file?" in the Form IL-1065 instructions for a list of due dates.

If this return is not for calendar year 2022, enter your fiscal tax year here.

Tax year beginning DEC 27 2021, ending DEC 25 2022  
month day year month day year**WARNING** This form is for tax years ending on or after December 31, 2022, and before December 31, 2023.  
For all other situations, see instructions to determine the correct form to use.

Enter the amount you are paying.

\$ \_\_\_\_\_

## Step 1: Identify your partnership

A Enter your complete legal business name.

If you have a name change, check this box. ☐

Name: KUMAS HOLDINGS LLC

B Enter your mailing address.

Check this box if either of the following apply: ☐

- this is your first return, or
- you have an address change.

C/O: \_\_\_\_\_

Mailing address: 2900 W. BELMONT AVE

City: CHICAGO State: IL ZIP: 60618

C If this is the first or final return, check the applicable box(es).

☐ First return☐ Final return (Enter the date of termination. \_\_\_\_\_)  
mm dd yyyy

D If this is a final return because you sold this business, enter the date sold (mm dd yyyy) \_\_\_\_\_, and the new owner's FEIN. \_\_\_\_\_

E Apportionment Formulas. Check the appropriate box or boxes and see Apportionment Formula instructions.

☐ Financial organizations☐ Transportation companies☐ Federally regulated exchanges☐ Sales companies

F Check this box if you are:

☐ classified as an investment partnership☐ classified as a publicly-traded partnershipG Check this box if you made an IRC § 761 election. ☐H Check this box if you are a 52/53 week filer. ☒

I Check this box if you elected to file and pay Pass-through

Entity (PTE) Tax. See instructions. ☐J If you are paying Pass-through Entity (PTE) Tax and you annualized your income on Form IL-2220, check this box and attach Form IL-2220. ☐

K Enter your federal employer identification number (FEIN).

81-4437492

L ☐ Check this box if you are a member of a unitary business group and are included on a Schedule UB, Combined Apportionment for Unitary Business Group. Enter the FEIN of the member who prepared the Schedule UB and attach it to this return.

M Enter your North American Industry Classification System (NAICS) Code. See instructions.

533110

N Enter the city, state, and ZIP code where your accounting records are kept. (Use the two-letter postal abbreviation, e.g., IL, GA, etc.)

CHICAGO IL 60618  
City State ZIPO If you are making the business income election to treat all nonbusiness income as business income, check this box and enter zero on Lines 36 and 44. ☐

P If you have completed the following, check the box and attach the federal form(s) to this return.

☐ Federal Form 8886☐ Federal Sch. M-3,  
Part II, Line 10Q Check this box if you attached Form IL-4562. ☐R Check this box if you attached Illinois Schedule M (for businesses). ☐S Check this box if you attached Schedule 80/20. ☐T Check this box if you attached Schedule 1299-A. ☐U Check this box if your business activity is protected under Public Law 86-272. ☐V Check this box if you attached the Subgroup Schedule. ☐

## Step 2: Figure your ordinary income or loss

(Whole dollars only)

1 Ordinary income or loss, or equivalent from federal Schedule K.

1 -238,731 .00

2 Net income or loss from all rental real estate activities.

2 .00

3 Net income or loss from other rental activities.

3 .00

4 Portfolio income or loss.

4 1,590 .00

5 Net IRC Section 1231 gain or loss.

5 .00

6 All other items of income or loss that were not included in the computation of income or loss on

Page 1 of U.S. Form 1065. See instructions. Identify: \_\_\_\_\_

6 .00

7 Add Lines 1 through 6. This is your ordinary income or loss.

7 -237,141 .00

## Step 3: Figure your unmodified base income or loss

8 Charitable contributions.

8 750 .00

9 Expense deduction under IRC Section 179.

9 .00

10 Interest on investment indebtedness.

10 .00

11 All other items of expense that were not deducted in the computation of ordinary income or loss on

Page 1 of U.S. Form 1065. See instructions. Identify: \_\_\_\_\_

11 .00

12 Add Lines 8 through 11.

12 750 .00

13 Subtract Line 12 from Line 7. This amount is your total unmodified base income or loss.

13 -237,891 .00

IR NS DR \_\_\_\_\_

IL-1065 (R-12-22)

249151 01-23-23

ID: 2BX

This form is authorized as outlined by the Illinois Income Tax Act. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty.



**Step 4: Figure your income or loss**

14	Enter your unmodified base income or loss from Line 13.	14	<u>-237,891</u>	.00
15	State, municipal, and other interest income excluded from Line 14.	15		.00
16	Illinois taxes deducted in arriving at Line 14. See Instructions.	16		.00
17	Illinois Special Depreciation addition. <b>Attach</b> Form IL-4562.	17		.00
18	Related-Party Expenses addition. <b>Attach</b> Schedule 80/20.	18		.00
19	Distributive share of additions. <b>Attach</b> Schedule(s) K-1-P or K-1-T.	19		.00
20	Guaranteed payments to partners from U.S. Form 1065.	20		.00
21	The amount of loss distributable to a partner subject to replacement tax. <b>Attach</b> Schedule B.	21	<u>47,578</u>	.00
22	Other additions. <b>Attach</b> Illinois Schedule M (for businesses).	22		.00
23	Add Lines 14 through 22. This amount is your income or loss.	23	<u>-190,313</u>	.00

**Step 5: Figure your base income or loss**

24	Interest income from U.S. Treasury or other exempt federal obligations.	24		.00
25	August 1, 1969, valuation limitation amount. <b>Attach</b> Schedule F.	25		.00
26	Personal service income or reasonable allowance for compensation of partners.	26		.00
27	Share of income distributable to a partner subject to replacement tax. <b>Attach</b> Schedule B.	27		.00
28	River Edge Redevelopment Zone Dividend subtraction. <b>Attach</b> Schedule 1299-A.	28		.00
29	High Impact Business Dividend subtraction. <b>Attach</b> Schedule 1299-A.	29		.00
30	Illinois Special Depreciation subtraction. <b>Attach</b> Form IL-4562.	30		.00
31	Related-Party Expenses subtraction. <b>Attach</b> Schedule 80/20.	31		.00
32	Distributive share of subtractions. <b>Attach</b> Schedule(s) K-1-P or K-1-T.	32		.00
33	Other subtractions. <b>Attach</b> Schedule M (for businesses).	33		.00
34	Total subtractions. Add Lines 24 through 33.	34		.00
35	<b>Base income or loss.</b> Subtract Line 34 from Line 23.	35	<u>-190,313</u>	.00

<b>STOP</b>	<b>A</b> If the amount on Line 35 is derived inside Illinois only, check this box and enter the amount from Step 5, Line 35 on Step 7, Line 47. You may not complete Step 6. (You must leave Step 6, Lines 36 through 46 blank.)		<input checked="checked" type="checkbox"/>
	<input type="checkbox"/> <b>Note</b> ▶ If you are a unitary filer, do not check this box. Check the box on Line B and complete Step 6.		
	<b>B</b> If any portion of the amount on Line 35 is derived outside Illinois, or you are a unitary filer, check this box and complete <u>all lines</u> of Step 6. (Do not leave Lines 40 through 42 blank.) See instructions.		<input type="checkbox"/>

**Step 6: Figure your income allocable to Illinois** (Complete only if you checked the box on Line B, above.)

36	Nonbusiness income or loss. <b>Attach</b> Schedule NB.	36		.00
37	Business income or loss included in Line 35 from non-unitary partnerships, partnerships included on a Schedule UB, S corporations, trusts, or estates. See instructions.	37		.00
38	Add Lines 36 and 37.	38		.00
39	Business income or loss. Subtract Line 38 from Line 35.	39		.00
40	Total sales everywhere. This amount cannot be negative.	40		.00
41	Total sales inside Illinois. This amount cannot be negative.	41		.00
42	Apportionment factor. Divide Line 41 by Line 40. Round to six decimal places.	42		
43	Business income or loss apportionable to Illinois. Multiply Line 39 by Line 42.	43		.00
44	Nonbusiness income or loss allocable to Illinois. <b>Attach</b> Schedule NB.	44		.00
45	Business income or loss apportionable to Illinois from non-unitary partnerships, partnerships included on a Schedule UB, S corporations, trusts, or estates. See instructions.	45		.00
46	<b>Base income or loss allocable to Illinois.</b> Add Lines 43 through 45.	46		.00

### Step 7: Figure your net income

47	Base income or net loss from Step 5, Line 35, or Step 6, Line 46.	47	-190,313 .00
48	Illinois net loss deduction. If Line 47 is zero or a negative amount, enter zero. <b>Attach</b> Schedule NLD. Check this box and attach a detailed statement if you have merged losses. <input type="checkbox"/>	48	0 .00
49	Income after NLD. Subtract Line 48 from Line 47.	49	-190,313 .00
50	Enter the amount from Step 5, Line 35.	50	-190,313 .00
51	Divide Line 47 by Line 50. Round the result to six decimal places. This figure cannot be greater than one.	51	1.000000
52	Exemption allowance. See instructions before completing.	52	0 .00
53	<b>Net income.</b> Subtract Line 52 from Line 49.	53	-190,313 .00

### Step 8: Figure the taxes, pass-through withholding, and penalty you owe

54	Replacement tax. Multiply Line 53 by 1.5% (.015).	54	0 .00
55	Recapture of investment credits. <b>Attach</b> Schedule 4255.	55	.00
56	Replacement tax before investment credits. Add Lines 54 and 55.	56	.00
57	Investment credits. <b>Attach</b> Form IL-477.	57	.00
58	<b>Net replacement tax.</b> Subtract Line 57 from Line 56. If the amount is negative, enter zero.	58	.00
59	Pass-through withholding you owe on behalf of your members. Enter the amount from Schedule B, Section A, Line 5. See instructions. <b>Attach</b> Schedule B.	59	0 .00
60	Pass-through entity income. See instructions. <input type="checkbox"/> 60 .00 <input type="checkbox"/>		
61	<b>Pass-through entity tax.</b> Multiply Line 60 by 4.95% (.0495).	61	.00
62	<b>Total net replacement tax, pass-through withholding, and pass-through entity tax you owe.</b> Add Lines 58, 59, and 61.	62	.00
63	Underpayment of estimated tax penalty from Form IL-2220. See instructions.	63	0 .00
64	<b>Total taxes, pass-through withholding, and penalty.</b> Add Lines 62 and 63.	64	.00

### Step 9: Figure your refund or balance due

65	Payments. See instructions.		
a	Credits from previous overpayments.	65a	.00
b	Total payments made before the date this return is filed.	65b	.00
c	Pass-through withholding reported to you. <b>Attach</b> Schedule(s) K-1-P or K-1-T.	65c	.00
d	Illinois income tax withholding. <b>Attach</b> Form(s) W-2G.	65d	.00
66	Total payments. Add Lines 65a through 65d.	66	.00
67	Overpayment. If Line 66 is greater than Line 64, subtract Line 64 from Line 66.	67	.00
68	Amount to be <b>credited forward</b> . See instructions. Check this box and attach a detailed statement if this carryforward is going to a different FEIN. <input type="checkbox"/>	68	.00
69	<b>Refund.</b> Subtract Line 68 from Line 67. This is the amount to be refunded.	69	.00

#### 70 Complete to direct deposit your refund

Routing Number \_\_\_\_\_ ☐ Checking or ☐ Savings  
Account Number \_\_\_\_\_

71	<b>Tax Due.</b> If Line 64 is greater than Line 66, subtract Line 66 from Line 64. This is the amount you owe.	71	0 .00
----	--	----	-------

*Special Note* → Enter the amount of your payment on the top of Page 1 in the space provided.

### Step 10: Sign below - Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Sign Here Paid Preparer Use Only	Signature of partner		Date (mm/dd/yyyy)		MEMBER	773-604-8769	<input checked="" type="checkbox"/> Check if the Department may discuss this return with the paid preparer shown in this step. <input type="checkbox"/> Check if self-employed	P01347030 Paid Preparer's PTIN
	RACHEL VONDRASEK		RACHEL VONDRAS					
	Print/Type paid preparer's name		Paid preparer's signature		Date (mm/dd/yyyy)			
	Firm's name ▶ PORTE BROWN LLC		Firm's FEIN ▶ 36-2663358					
	Firm's address ▶ 845 OAKTON STREET ELK GROVE VIL		Firm's phone ▶ 847-956-1040					

If a payment is enclosed, mail your Form IL-1065 to:  
ILLINOIS DEPARTMENT OF REVENUE  
PO BOX 19053  
SPRINGFIELD IL 62794-9053

If a payment is not enclosed, mail your Form IL-1065 to:  
ILLINOIS DEPARTMENT OF REVENUE  
PO BOX 19031  
SPRINGFIELD IL 62794-9031

**Partners or Shareholders Information**

Attach to your Form IL-1065 or Form IL-1120-ST.

Year ending  
 12 / 22  
 Month Year

**IL Attachment No. 1**

**KUMAS HOLDINGS LLC**

Enter your name as shown on your Form IL-1065 or Form IL-1120-ST.

**81-4437492**

Enter your federal employer identification number (FEIN).

**Read this information first:**

- You must read the Schedule B instructions and complete Schedule(s) K-1-P and Schedule(s) K-1-P(3) before completing this schedule.
- You must complete Section B of Schedule B and provide all the required information for your partners or shareholders before completing Section A of Schedule B.

**Note** → Failure to follow these instructions may delay the processing of your return or result in you receiving further correspondence from the Illinois Department of Revenue. You may also be required to submit further information to support your filing.

**Section A: Total members' information (from Schedule(s) K-1-P and Schedule B, Section B)**

**STOP** Before completing this section you must first complete Schedule(s) K-1-P, Schedule(s) K-1-P(3) and Schedule B, Section B. You will use the amounts from those schedules when completing this section.

**Totals for resident and nonresident partners or shareholders (from Schedule(s) K-1-P and Schedule B, Section B)**

- Enter the total of all nonbusiness income or loss you reported on Schedule(s) K-1-P for your members. See instructions. **1** \_\_\_\_\_
- Enter the total of all income and replacement tax credits you reported on Schedule(s) K-1-P for your members. See instructions. **2** \_\_\_\_\_
- Add the amounts shown on Schedule B, Section B, Line E for all partners or shareholders on all pages for which you have checked the box indicating the entity is subject to Illinois replacement tax or an ESOP. Enter the total here. See instructions. **3** -47,578.00

**Totals for nonresident partners or shareholders only (from Schedule B, Section B)**

- Enter the total pass-through withholding you reported on all pages of your Schedule B, Section B, Line J for your
  - nonresident individual members. See instructions. **4a** \_\_\_\_\_
  - nonresident estate members. See instructions. **4b** \_\_\_\_\_
  - partnership and S corporation members. See instructions. **4c** \_\_\_\_\_
  - nonresident trust members. See instructions. **4d** \_\_\_\_\_
  - C corporation members. See instructions. **4e** \_\_\_\_\_
- Add Line 4a through Line 4e. This is the total pass-through withholding you owe on behalf of all your nonresident partners or shareholders. This amount should match the total amount from Schedule B, Section B, Line J for all nonresident partners or shareholders on all pages. Enter the total here and on Form IL-1065 (Form IL-1065-X), Line 59, or Form IL-1120-ST (Form IL-1120-ST-X), Line 59. See instructions. **5** \_\_\_\_\_
- Enter the total pass-through entity tax credit paid on all pages of Schedule B, Section B, Line K. **6** \_\_\_\_\_
- Enter the total pass-through entity tax credit received and distributed on all pages of Schedule B, Section B, Line L. **7** \_\_\_\_\_

▶ **Attach all pages of Schedule B, Section B behind this page.**

This form is authorized as outlined by the Illinois Income Tax Act. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty.

2022 Schedule B

KUMAS HOLDINGS LLC

Enter your name as shown on your Form IL-1065 or Form IL-1120-ST.

81-4437492

Enter your federal employer identification number (FEIN).

Section B: Members' information (See instructions before completing.)

	Member 1	Member 2	Member 3	Member 4
<b>A</b> Name	RONALD R CAIN THE RONALD R C	MILLENNIUM TRU F/B/O DAVID P.		
C/O				
Address 1	2900 W BELMONT	2001 SPRING RO		
Address 2				
City	CHICAGO	OAK BROOK		
State, ZIP	IL 60618	IL 60523		
<b>B</b> Partner or Shareholder	I	A		
<b>C</b> SSN/FEIN				
<b>D</b> Subject to Illinois replacement tax or an ESOP	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E</b> Member's distributable amount of base income or loss	-190,313	-47,578		
<b>F</b> Excluded from pass- through withholding	R	N		
<b>G</b> Share of Illinois income subject to pass- through withholding	0	0		
<b>H</b> Pass-through withholding before credits	0	0		
<b>I</b> Distributable share of credits	0	0		
<b>J</b> Pass-through withholding amount	0	0		
<b>K</b> PTE tax credit paid to members	0	0		
<b>L</b> PTE tax credit received and distributed to members				

Note → If you have more members than space provided, attach additional copies of this page as necessary.

**Illinois Department of Revenue**  
**Schedule K-1-P****Partner's or Shareholder's Share of Income, Deductions, Credits, and Recapture**

To be completed by partnerships filing Form IL-1065 or S corporations filing Form IL-1120-ST.

Partners and Shareholders receiving Schedule K-1-P should attach this to their Illinois tax return.

**Year ending**12 22  
Month Year

IL Attachment No. 12

**Step 1: Identify your partnership or S corporation**1 Check your business type ☒ partnership ☐ S corporation2 **KUMAS HOLDINGS LLC**

Enter your name as shown on your Form IL-1065 or Form IL-1120-ST.

3 **81-4437492**

Enter your federal employer identification number (FEIN).

4 Enter the apportionment factor from Form IL-1065 or Form IL-1120-ST, Line 42. Otherwise, enter "1." **1.000000****Step 2: Identify your partner or shareholder****RONALD R CAIN**5 **THE RONALD R CAIN LIVING TRUST**

Name

6 **2900 W BELMONT AVE**

Mailing address

**CHICAGO, IL 60618**

City

State

ZIP

7 **[REDACTED]**

Social Security number or FEIN

8 **80.0000000**

Share (%)

9a Check the appropriate box. See instructions.

☒ individual ☐ corporation ☐ trust  
☐ partnership ☐ S corporation ☐ estate

9b To be completed by the recipient on Line 5 only.

I am a: ☐ grantor trust ☐ disregarded entity

and the amounts on this schedule will be reported by:

Name: \_\_\_\_\_

SSN or FEIN: \_\_\_\_\_

**Step 3: Figure your partner's or shareholder's share of your nonbusiness income or loss**

	<b>A</b> Member's share (See instructions.)	<b>B</b> Member's share allocable to Illinois
10 Interest	10 _____	_____
11 Dividends	11 _____	_____
12 Rental income	12 _____	_____
13 Patent royalties	13 _____	_____
14 Copyright royalties	14 _____	_____
15 Other royalty income	15 _____	_____
16 Capital gain or loss from real property	16 _____	_____
17 Capital gain or loss from tangible personal property	17 _____	_____
18 Capital gain or loss from intangible personal property	18 _____	_____
19 Other income and expense	19 _____	_____
Specify		

**Step 4: Figure your partner's or shareholder's share of your business income or loss**

	<b>A</b> Member's share from U.S. Schedule K-1, less nonbusiness income	<b>B</b> Member's share apportioned to Illinois
20 Ordinary income or loss from trade or business activity	20 <b>-190,985</b>	<b>-190,985</b>
21 Net income or loss from rental real estate activities	21 _____	_____
22 Net income or loss from other rental activities	22 _____	_____
23 Interest	23 <b>1,272</b>	<b>1,272</b>
24 Dividends	24 _____	_____
25 Royalties	25 _____	_____
26 Net short-term capital gain or loss	26 _____	_____
27 Net long-term capital gain or loss. Total for year.	27 _____	_____
28 Unrecaptured Section 1250 gain	28 _____	_____
29 Guaranteed payments to partner (U.S. Form 1065 only)	29 _____	_____
30 Net Section 1231 gain or loss (other than casualty or theft). Total for year.	30 _____	_____
31 Other income and expense <b>SEE STATEMENT</b>	31 <b>-600</b>	<b>-600</b>
Specify		

Enter identification number from Line 7.  
[REDACTED]

Document

Page 12 of 39

**Step 5: Figure your partner's or shareholder's share of Illinois additions and subtractions****K-1-P Recipient:** Before using the information provided in Step 5, you must read Schedule K-1-P(2) to correctly report the amounts listed in Columns A and B.

		<b>A</b> Member's share from Form IL-1065 or IL-1120-ST	<b>B</b> Member's share apportioned or allocated to Illinois
<b>Additions</b>			
32 Federally tax-exempt interest income	32	_____	_____
33 Illinois taxes and surcharge deducted. See instructions.	33	_____	_____
34 Illinois Special Depreciation addition	34	_____	_____
35 Related-Party Expenses addition	35	_____	_____
36 Distributive share of additions	36	_____	_____
37 Other additions (from Illinois Schedule M for businesses)	37	_____	_____
<b>Subtractions</b>			
38 a Interest from U.S. Treasury obligations (business income)	38a	_____	_____
b Interest from U.S. Treasury obligations (nonbusiness income)	38b	_____	_____
39 River Edge Redevelopment Zone Dividend subtraction	39	_____	_____
40 High Impact Business Dividend subtraction	40	_____	_____
41 Contribution subtraction (Form IL-1120-ST filers only)	41	_____	_____
42 River Edge Redevelopment Zone Interest subtraction (Form IL-1120-ST financial organizations only)	42	_____	_____
43 High Impact Business within a Foreign Trade Zone Interest subtraction (Form IL-1120-ST financial organizations only)	43	_____	_____
44 Illinois Special Depreciation subtraction	44	_____	_____
45 Related-Party Expenses subtraction	45	_____	_____
46 Distributive share of subtractions	46	_____	_____
47 Other subtractions (from Illinois Schedule M for businesses)	47	_____	_____

**Step 6: Figure your partner's or shareholder's (except a corporate partner or shareholder) share of your Illinois August 1, 1969, appreciation amounts**

	<b>A</b> Member's share from Illinois Schedule F (Form IL-1065 or IL-1120-ST)	<b>B</b> Member's share apportioned or allocated to Illinois
48 Section 1245 and 1250 gain	48	_____
49 Section 1231 gain	49	_____
50 Section 1231 gain less casualty and theft gain. See instructions.	50	_____
51 Capital gain	51	_____

**Step 7: Figure your partner's or shareholder's share of your Illinois credits, recapture, pass-through withholding, pass-through entity tax credit, and federal income subject to surcharge**

	Credit Code	Member's share from Illinois tax return		Member's share from Illinois tax return
<b>52 Illinois Income Tax Credits</b>			<b>53 Other credits</b>	
a Film Production Services 5000	52a	_____	a Pass-through Entity (PTE) Tax Credit See instructions.	53a
b Enterprise Zone Investment 5080	52b	_____	b Replacement Tax Investment Credits See instructions.	53b
c Enterprise Zone Construction Jobs 5120	52c	_____	<b>54 Recapture</b>	
d High Impact Business Construction Jobs 5160	52d	_____	a Enterprise Zone or River Edge Redevelopment Zone Investment Credit recapture	54a
e Affordable Housing Donations 5260	52e	_____	b REV Illinois Investment Credit recapture	54b
f EDGE 5300	52f	_____	c Replacement Tax Investment Credit recapture	54c
g New Construction EDGE 5320	52g	_____	d Additional income tax credit recapture	54d
h Research and Development 5340	52h	_____	<b>55 Pass-through withholding</b> See instructions.	55
i Wages Paid to Ex-Felons 5380	52i	_____	<b>56 Federal income attributable to transactions subject to the Compassionate Use of Medical Cannabis Program Act surcharge.</b> See instructions.	56
j Student-Assistance Contributions 5420	52j	_____	<b>57 Federal income attributable to the sale or exchange of assets by a gaming licensee surcharge.</b> See instructions.	57
k Angel Investment 5460	52k	_____		
l New Markets Development 5500	52l	_____		
m River Edge Historic Preservation 5540	52m	_____		
n River Edge Construction Jobs 5560	52n	_____		
o Live Theater Production 5580	52o	_____		
p Hospital 5620	52p	_____		
q Invest in Kids 5660	52q	_____		
r Data Center Construction Employment 5820	52r	_____		
s Apprenticeship Education Expense 0160	52s	_____		
t Historic Preservation 1030	52t	_____		
u REV Illinois Investment 5230	52u	_____		
v Agritourism Liability Insurance 5440	52v	_____		
w Recovery and Mental Health 0180	52w	_____		
x Other income tax credits	52x	_____		

IL SCH K-1-P

OTHER BUSINESS INCOME AND EXPENSE

DESCRIPTION	TOTAL	ILLINOIS
CHARITABLE CONTRIBUTIONS	-600	-600
TOTALS TO SCHEDULE K-1-P, LINE 31	-600	-600

IL SCH K-1-P MEMBER'S SHARE OF DISTRIBUTABLE BASE INCOME OR LOSS

1 ENTER THE SHARE OF INCOME FROM IL-1065 LINE 14 FOR THIS MEMBER (SCHEDULE K-1-P COLUMN A LINES 10-27 & 30-31)	\$ -190,313.00
2 ENTER THE SHARE OF ADDITIONS DISTRIBUTABLE TO THIS MEMBER FROM IL-1065 LINES 15-20 AND LINE 22	0.00
3 ADD LINES 1 AND 2	-190,313.00
4 ENTER THE SHARE OF SUBTRACTIONS DISTRIBUTABLE TO THIS MEMBER FROM IL-1065 LINES 24-25 AND 28-33	0.00
5 SUBTRACT LINE 4 FROM LINE 3	\$ -190,313.00



**Illinois Department of Revenue  
Schedule K-1-P****Partner's or Shareholder's Share of Income, Deductions, Credits, and Recapture**

To be completed by partnerships filing Form IL-1065 or S corporations filing Form IL-1120-ST.

Partners and Shareholders receiving Schedule K-1-P should attach this to their Illinois tax return.

**Year ending**

12	22
Month	Year

IL Attachment No. 12

**Step 1: Identify your partnership or S corporation**1 Check your business type ☒ partnership ☐ S corporation2 **KUMAS HOLDINGS LLC**

Enter your name as shown on your Form IL-1065 or Form IL-1120-ST.

3 **81-4437492**

Enter your federal employer identification number (FEIN).

4 Enter the apportionment factor from Form IL-1065 or Form IL-1120-ST, Line 42. Otherwise, enter "1." **1.000000****Step 2: Identify your partner or shareholder****MILLENNIUM TRUST COMPANY LLC, CUSTODI**5 **F/B/O DAVID P. KAMINSKI SDI**

Name

6 **2001 SPRING ROAD, STE 700**

Mailing address

**OAK BROOK, IL 60523**

City

State

ZIP

7 **[REDACTED]**

Social Security number or FEIN

8 **20.0000000**

Share (%)

9a Check the appropriate box. See instructions.

<input type="checkbox"/> individual	<input type="checkbox"/> corporation	<input checked="" type="checkbox"/> trust
<input type="checkbox"/> partnership	<input type="checkbox"/> S corporation	<input type="checkbox"/> estate

9b To be completed by the recipient on Line 5 only.

I am a: ☐ grantor trust ☐ disregarded entity  
and the amounts on this schedule will be reported by:

Name: \_\_\_\_\_

SSN or FEIN: \_\_\_\_\_

**Step 3: Figure your partner's or shareholder's share of your nonbusiness income or loss**

	A Member's share (See instructions.)	B Member's share allocable to Illinois
10 Interest	10 _____	_____
11 Dividends	11 _____	_____
12 Rental income	12 _____	_____
13 Patent royalties	13 _____	_____
14 Copyright royalties	14 _____	_____
15 Other royalty income	15 _____	_____
16 Capital gain or loss from real property	16 _____	_____
17 Capital gain or loss from tangible personal property	17 _____	_____
18 Capital gain or loss from intangible personal property	18 _____	_____
19 Other income and expense	19 _____	_____
Specify _____		

**Step 4: Figure your partner's or shareholder's share of your business income or loss**

	A Member's share from U.S. Schedule K-1, less nonbusiness income	B Member's share apportioned to Illinois
20 Ordinary income or loss from trade or business activity	20 <b>-47,746</b>	<b>-47,746</b>
21 Net income or loss from rental real estate activities	21 _____	_____
22 Net income or loss from other rental activities	22 _____	_____
23 Interest	23 <b>318</b>	<b>318</b>
24 Dividends	24 _____	_____
25 Royalties	25 _____	_____
26 Net short-term capital gain or loss	26 _____	_____
27 Net long-term capital gain or loss. Total for year.	27 _____	_____
28 Unrecaptured Section 1250 gain	28 _____	_____
29 Guaranteed payments to partner (U.S. Form 1065 only)	29 _____	_____
30 Net Section 1231 gain or loss (other than casualty or theft). Total for year.	30 _____	_____
31 Other income and expense <b>SEE STATEMENT</b>	31 <b>-150</b>	<b>-150</b>
Specify _____		

Enter identification number from Line 7.

Document

Page 32 of 39

**Step 5: Figure your partner's or shareholder's share of Illinois additions and subtractions****K-1-P Recipient:** Before using the information provided in Step 5, you must read Schedule K-1-P(2) to correctly report the amounts listed in Columns A and B.

		<b>A</b> Member's share from Form IL-1065 or IL-1120-ST	<b>B</b> Member's share apportioned or allocated to Illinois
<b>Additions</b>			
32 Federally tax-exempt interest income	32		
33 Illinois taxes and surcharge deducted. See instructions.	33		
34 Illinois Special Depreciation addition	34		
35 Related-Party Expenses addition	35		
36 Distributive share of additions	36		
37 Other additions (from Illinois Schedule M for businesses)	37		
<b>Subtractions</b>			
38 a Interest from U.S. Treasury obligations (business income)	38a		
b Interest from U.S. Treasury obligations (nonbusiness income)	38b		
39 River Edge Redevelopment Zone Dividend subtraction	39		
40 High Impact Business Dividend subtraction	40		
41 Contribution subtraction (Form IL-1120-ST filers only)	41		
42 River Edge Redevelopment Zone Interest subtraction (Form IL-1120-ST financial organizations only)	42		
43 High Impact Business within a Foreign Trade Zone Interest subtraction (Form IL-1120-ST financial organizations only)	43		
44 Illinois Special Depreciation subtraction	44		
45 Related-Party Expenses subtraction	45		
46 Distributive share of subtractions	46		
47 Other subtractions (from Illinois Schedule M for businesses)	47		

**Step 6: Figure your partner's or shareholder's (except a corporate partner or shareholder) share of your Illinois August 1, 1969, appreciation amounts**

		<b>A</b> Member's share from Illinois Schedule F (Form IL-1065 or IL-1120-ST)	<b>B</b> Member's share apportioned or allocated to Illinois
48 Section 1245 and 1250 gain	48		
49 Section 1231 gain	49		
50 Section 1231 gain less casualty and theft gain. See instructions.	50		
51 Capital gain	51		

**Step 7: Figure your partner's or shareholder's share of your Illinois credits, recapture, pass-through withholding, pass-through entity tax credit, and federal income subject to surcharge**

	Credit Code	Member's share from Illinois tax return		Member's share from Illinois tax return
<b>52 Illinois Income Tax Credits</b>			<b>53 Other credits</b>	
a Film Production Services	5000	52a	a Pass-through Entity (PTE) Tax Credit	53a
b Enterprise Zone Investment	5080	52b	See instructions.	
c Enterprise Zone Construction Jobs	5120	52c	b Replacement Tax Investment Credits	
d High Impact Business Construction Jobs	5160	52d	See instructions.	53b
e Affordable Housing Donations	5260	52e	<b>54 Recapture</b>	
f EDGE	5300	52f	a Enterprise Zone or River	
g New Construction EDGE	5320	52g	Edge Redevelopment Zone	
h Research and Development	5340	52h	Investment Credit recapture	54a
i Wages Paid to Ex-Felons	5380	52i	b REV Illinois Investment	
j Student-Assistance Contributions	5420	52j	Credit recapture	54b
k Angel Investment	5460	52k	c Replacement Tax Investment	
l New Markets Development	5500	52l	Credit recapture	54c
m River Edge Historic Preservation	5540	52m	d Additional income tax credit	
n River Edge Construction Jobs	5560	52n	recapture	54d
o Live Theater Production	5580	52o	<b>55 Pass-through withholding</b>	
p Hospital	5620	52p	See instructions.	55
q Invest in Kids	5660	52q	<b>56 Federal income attributable to</b>	
r Data Center Construction Employment	5820	52r	transactions subject to the	
s Apprenticeship Education Expense	0160	52s	Compassionate Use of Medical	
t Historic Preservation	1030	52t	Cannabis Program Act surcharge.	56
u REV Illinois Investment	5230	52u	See instructions.	
v Agritourism Liability Insurance	5440	52v	<b>57 Federal income attributable to the</b>	
w Recovery and Mental Health	0180	52w	sale or exchange of assets by a	
x Other income tax credits		52x	gaming licensee surcharge.	57
			See instructions.	

IL SCH K-1-P

OTHER BUSINESS INCOME AND EXPENSE

DESCRIPTION	TOTAL	ILLINOIS
CHARITABLE CONTRIBUTIONS	-150	-150
TOTALS TO SCHEDULE K-1-P, LINE 31	-150	-150

IL SCH K-1-P MEMBER'S SHARE OF DISTRIBUTABLE BASE INCOME OR LOSS

1 ENTER THE SHARE OF INCOME FROM IL-1065 LINE 14 FOR THIS MEMBER (SCHEDULE K-1-P COLUMN A LINES 10-27 & 30-31)	\$	-47,578.00
2 ENTER THE SHARE OF ADDITIONS DISTRIBUTABLE TO THIS MEMBER FROM IL-1065 LINES 15-20 AND LINE 22		0.00
3 ADD LINES 1 AND 2		-47,578.00
4 ENTER THE SHARE OF SUBTRACTIONS DISTRIBUTABLE TO THIS MEMBER FROM IL-1065 LINES 24-25 AND 28-33		0.00
5 SUBTRACT LINE 4 FROM LINE 3	\$	-47,578.00

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

PARTNERS' COPY



AS OF 12/31/2023

Report Generated On: 06/05/2024 13:06:13

Account	Report Line	Amount (\$)
	<b>ASSETS</b>	
	<b>CURRENT ASSETS:</b>	
1100	CASH OPERATING ACCOUNT	\$41,112.53
1202	A/R ERTC	\$0.00
1203	A/R 401k	\$20,852.93
1210	A/R KUMAS CORNER MNGMT	-\$205,192.63
1230	A/R SHAREHOLDER RECEIVABLE	\$0.00
1280	OFFICER ADVANCE	\$10,425.84
	<b>TOTAL CURRENT ASSETS:</b>	<b>-\$132,801.33</b>
	<b>PROPERTY &amp; EQUIPMENT:</b>	
1430	COMPUTER/ELECTRONIC EQUIP	\$4,349.43
	<b>TOTAL PROPERTY &amp; EQUIPMENT:</b>	<b>\$4,349.43</b>
	<b>OTHER ASSETS:</b>	
1801	DUE TO/FROM BUSE INC	\$370,652.09
1803	DUE TO FROM VERNON HILLS	\$0.00
1804	DUE TO FROM DENVER 9054	\$0.00
1807	DUE TO/FROM KB VI 8741	\$0.00
1808	DUE TO FROM BUSE ACQUISITION	\$65,415.98
1840	GOODWILL	\$4,400,000.00
1955	ACCUM AMORTIZATION	-\$1,495,458.00
	<b>TOTAL OTHER ASSETS:</b>	<b>\$3,340,610.07</b>
	<b>TOTAL ASSETS:</b>	<b>\$3,212,158.17</b>
	<b>LIABILITIES &amp;</b>	
	<b>OWNERS EQUITY</b>	
	<b>CURRENT LIABILITIES:</b>	
2090	401K/ROTH PAYABLE	\$15,332.50
2100	FICA/FWT PAYABLE	\$0.00
2120	STATE WITHHOLDING PAYABLE	\$0.00
2140	FEDERAL UNEMPLOYMENT PAY.	\$0.00
2150	STATE UNEMPLOYMENT PAY.	\$0.00
2250	ACCRUED PAYROLL PAYABLE	\$10,378.30
	<b>TOTAL CURRENT LIABILITIES</b>	<b>\$25,710.80</b>
	<b>LONG TERM DEBT:</b>	
2345	SBA EID LOAN	\$0.00
2544	PPP SECOND DRAW LOAN	\$0.00
2680	INSTALLMENT SALE LOAN	\$2,610,000.00
2750	N/P-PPP	\$0.00
2755	N/P EIDL	\$874,549.64
2760	N/P-OFFICERS	\$0.00

Account	Report Line	Amount (\$)
	TOTAL LONG TERM DEBT:	\$3,484,549.64
	TOTAL LIABILITIES:	\$3,510,260.44
	PARTNERS EQUITY:	
2912	CLASS A MEMBER EQUITY	\$128,345.00
2920	DISTRIBUTIONS	\$0.00
2940	RETAINED EARNINGS	-\$130,657.11
	Cur Year Net Profit (Loss)	-\$295,790.16
	TOTAL PARTNERS EQUITY:	-\$298,102.27
	TOTAL LIABILITIES & EQUITY:	\$3,212,158.17

Unit: KUMA'S HOLDING #6967  
PERIOD INCOME AND EXPENSE

Year: 12/26/2022 - 12/31/2023

Report Generated On: 06/05/2024 13:05:59

		YEAR-TO-DATE 12/26/2022 - 12/31/2023	
Account	Report Line	AMT(\$)	(%)
	INCOME		
	SALES		
	TOTAL FOOD & BEV SALES	\$0.00	0.00%
	BAR SALES		
	TOTAL BAR SALES	\$0.00	0.00%
	TOTAL SALES	\$0.00	0.00%
	CONTROLLABLE COSTS		
	FOOD COST		
	TOTAL FOOD COST	\$0.00	0.00%
	POUR COST		
	TOTAL POUR COST	\$0.00	0.00%
	TOTAL COST OF SALES	\$0.00	0.00%
	LABOR ANALYSIS		
	BACK OF THE HOUSE		
4430	PREP COOK	\$0.00	0.00%
4435	LINE COOK	\$0.00	0.00%
4440	DISHWASHERS	\$0.00	0.00%
	B.O.H. TOTAL	\$0.00	0.00%
	FRONT OF THE HOUSE		
4450	HOST	\$0.00	0.00%
4451	CASHIER	\$0.00	0.00%
4460	WAIT STAFF (SERVERS)	\$0.00	0.00%
4475	CATERING	-\$128,884.74	0.00%
4480	BUSSER	\$0.00	0.00%

		YEAR-TO-DATE 12/26/2022 - 12/31/2023	
Account	Report Line	AMT(\$)	(%)
4485	BARTENDERS	\$0.00	0.00%
4495	FOH TRAINING	\$0.00	0.00%
	<b>F.O.H. TOTAL</b>	<b>-\$128,884.74</b>	<b>0.00%</b>
	<b>TOTAL OPERATIONAL PAYROLL</b>	<b>-\$128,884.74</b>	<b>0.00%</b>
	<b>OTHER PAYROLL</b>		
4400	MANAGER SALARIES	\$0.00	0.00%
4420	CHEF (KITCHEN MANAGER)	\$0.00	0.00%
4425	SOUS CHEF	\$0.00	0.00%
4489	MARKETING	-\$68,419.10	0.00%
4491	OPERATIONS	-\$102,116.87	0.00%
	<b>TOTAL OTHER PAYROLL</b>	<b>-\$170,535.97</b>	<b>0.00%</b>
	<b>PAYROLL RELATED</b>		
4540	PAYROLL TAX EXPENSE	-\$30,582.58	0.00%
4550	UNEMPLOYMENT TAX EXPENSE	-\$7,884.84	0.00%
4555	401K/ROTH EXPENSE	-\$3,969.33	0.00%
4560	GROUP INSURANCE-MEDICAL	-\$3,891.34	0.00%
	<b>TOTAL PAYROLL RELATED</b>	<b>-\$46,328.09</b>	<b>0.00%</b>
	<b>TOTAL LABOR</b>	<b>-\$345,748.80</b>	<b>0.00%</b>
	<b>GROSS PROFIT AFTER PRIME COSTS</b>	<b>-\$345,748.80</b>	<b>0.00%</b>
	<b>FIXED/SEMI-VARIABLE COST</b>		
	<b>DIRECT OPERATING COST</b>		
5240	VEHICLE EXPENSE	\$0.00	0.00%
5520	TRAVEL EXPENSES	-\$5,578.21	0.00%
	<b>TOTAL DIRECT OPERATING COST</b>	<b>-\$5,578.21</b>	<b>0.00%</b>
	<b>ADVERTISING/PROMOTIONS</b>		
5010	ADVERTISING	-\$118.14	0.00%
	<b>TOTAL ADVERTISING/PROMO'S</b>	<b>-\$118.14</b>	<b>0.00%</b>
	<b>GENERAL &amp; ADMINISTRATIVE</b>		



		YEAR-TO-DATE 12/26/2022 - 12/31/2023	
Account	Report Line	AMT(\$)	(%)
5080	DUES AND SUBSCRIPTIONS	-\$2,081.55	0.00%
5100	GEN LIAB/PROP DAMAGE INS.	-\$280.00	0.00%
5215	PROFESSIONAL FEES	-\$11,504.42	0.00%
5220	LEGAL & ACCOUNTING FEES	-\$9,951.30	0.00%
5230	RESEARCH AND DEVELOPMENT	-\$2,194.53	0.00%
5270	POSTAGE/DELIVERY	-\$9.33	0.00%
5320	BAD DEBT EXPENSE	-\$207,258.19	0.00%
5340	OFFICE SUPPLIES	-\$191.85	0.00%
5380	BANK FEES	-\$1,222.95	0.00%
5460	LICENSES & TAXES	\$5,219.82	0.00%
	<b>TOTAL GENERAL &amp; ADMIN</b>	<b>-\$229,474.30</b>	<b>0.00%</b>
	<b>MAINTENANCE COST</b>		
	<b>TOTAL MAINTENANCE COST</b>	<b>\$0.00</b>	<b>0.00%</b>
	<b>OCCUPANCY</b>		
5495	INTERNET SERVICE EXP	-\$180.00	0.00%
	<b>TOTAL OCCUPANCY</b>	<b>-\$180.00</b>	<b>0.00%</b>
	<b>TOTAL FIXED/SEMI-VARIABLE</b>	<b>-\$235,350.65</b>	<b>0.00%</b>
	<b>OPERATING NET INCOME OR (LOSS)</b>	<b>-\$581,099.45</b>	<b>0.00%</b>
	<b>NON-OPERATING</b>		
	<b>OTHER INCOME</b>		
3202	MANAGEMENT FEE SCHAUMBURG	\$213,299.56	0.00%
3203	MANAGEMENT FEE WEST LOOP	\$134,458.86	0.00%
	<b>TOTAL OTHER INCOME</b>	<b>\$347,758.42</b>	<b>0.00%</b>
	<b>OTHER EXPENSES</b>		
5120	INTEREST EXPENSE	-\$62,449.13	0.00%
5965	MANAGEMENT FEES	\$0.00	0.00%
7001	VEHICLE EXPENSE REIMB	\$0.00	0.00%
	<b>TOTAL OTHER EXPENSES</b>	<b>-\$62,449.13</b>	<b>0.00%</b>

YEAR-TO-DATE 12/26/2022 - 12/31/2023			
Account	Report Line	AMT(\$)	(%)
	NET PROFIT OR (LOSS)	-\$295,790.16	0.00%



AS OF 05/26/2024

Report Generated On: 06/05/2024 13:08:06

Account	Report Line	Amount (\$)
	<b>ASSETS</b>	
	<b>CURRENT ASSETS:</b>	
1100	CASH OPERATING ACCOUNT	\$9,856.19
1202	A/R ERTC	\$0.00
1203	A/R 401k	\$27,351.69
1210	A/R KUMAS CORNER MNGMT	-\$245,374.27
1230	A/R SHAREHOLDER RECEIVABLE	\$0.00
1280	OFFICER ADVANCE	\$14,925.84
	<b>TOTAL CURRENT ASSETS:</b>	<b>-\$193,240.55</b>
	<b>PROPERTY &amp; EQUIPMENT:</b>	
1430	COMPUTER/ELECTRONIC EQUIP	\$4,349.43
	<b>TOTAL PROPERTY &amp; EQUIPMENT:</b>	<b>\$4,349.43</b>
	<b>OTHER ASSETS:</b>	
1801	DUE TO/FROM BUSE INC	\$314,300.00
1803	DUE TO FROM VERNON HILLS	\$0.00
1804	DUE TO FROM DENVER 9054	\$0.00
1807	DUE TO/FROM KB VI 8741	\$0.00
1808	DUE TO FROM BUSE ACQUISITION	\$53,875.98
1840	GOODWILL	\$4,400,000.00
1955	ACCUM AMORTIZATION	-\$1,495,458.00
	<b>TOTAL OTHER ASSETS:</b>	<b>\$3,272,717.98</b>
	<b>TOTAL ASSETS:</b>	<b>\$3,083,826.86</b>
	<b>LIABILITIES &amp;</b>	
	<b>OWNERS EQUITY</b>	
	<b>CURRENT LIABILITIES:</b>	
2090	401K/ROTH PAYABLE	\$3,377.07
2100	FICA/FWT PAYABLE	\$0.00
2140	FEDERAL UNEMPLOYMENT PAY.	\$0.00
2150	STATE UNEMPLOYMENT PAY.	\$0.00
2250	ACCRUED PAYROLL PAYABLE	\$5,885.91
	<b>TOTAL CURRENT LIABILITIES</b>	<b>\$9,262.98</b>
	<b>LONG TERM DEBT:</b>	
2345	SBA EID LOAN	\$0.00
2680	INSTALLMENT SALE LOAN	\$2,505,000.00
2755	N/P EIDL	\$861,595.64
2760	N/P-OFFICERS	\$0.00
2780	N/P-VEHICLE	\$0.00
	<b>TOTAL LONG TERM DEBT:</b>	<b>\$3,366,595.64</b>
	<b>TOTAL LIABILITIES:</b>	<b>\$3,375,858.62</b>

Account	Report Line	Amount (\$)
PARTNERS EQUITY:		
2912	CLASS A MEMBER EQUITY	\$128,345.00
2920	DISTRIBUTIONS	\$0.00
2940	RETAINED EARNINGS	-\$426,447.27
	Cur Year Net Profit (Loss)	\$6,070.51
	TOTAL PARTNERS EQUITY:	-\$292,031.76
	TOTAL LIABILITIES & EQUITY:	\$3,083,826.86

		YEAR-TO-DATE 01/01/2024 - 05/26/2024	
Account	Report Line	AMT(\$)	(%)
	INCOME		
	SALES		
	TOTAL FOOD & BEV SALES	\$0.00	0.00%
	BAR SALES		
	TOTAL BAR SALES	\$0.00	0.00%
	TOTAL SALES	\$0.00	0.00%
	CONTROLLABLE COSTS		
	FOOD COST		
	TOTAL FOOD COST	\$0.00	0.00%
	POUR COST		
	TOTAL POUR COST	\$0.00	0.00%
	TOTAL COST OF SALES	\$0.00	0.00%
	LABOR ANALYSIS		
	BACK OF THE HOUSE		
4430	PREP COOK	\$0.00	0.00%
4435	LINE COOK	\$0.00	0.00%
4440	DISHWASHERS	\$0.00	0.00%
	B.O.H. TOTAL	\$0.00	0.00%
	FRONT OF THE HOUSE		
4450	HOST	\$0.00	0.00%
4460	WAIT STAFF (SERVERS)	\$0.00	0.00%
4475	CATERING	-\$46,903.81	0.00%
4480	BUSSER	\$0.00	0.00%
4485	BARTENDERS	\$0.00	0.00%

YEAR-TO-DATE 01/01/2024 - 05/26/2024

Account	Report Line	AMT(\$)	(%)
	F.O.H. TOTAL	-\$46,903.81	0.00%
	TOTAL OPERATIONAL PAYROLL	-\$46,903.81	0.00%
	OTHER PAYROLL		
4400	MANAGER SALARIES	\$0.00	0.00%
4420	CHEF (KITCHEN MANAGER)	\$0.00	0.00%
4489	MARKETING	-\$16,961.49	0.00%
4491	OPERATIONS	-\$80,923.06	0.00%
	TOTAL OTHER PAYROLL	-\$97,884.55	0.00%
	PAYROLL RELATED		
4540	PAYROLL TAX EXPENSE	-\$11,308.93	0.00%
4550	UNEMPLOYMENT TAX EXPENSE	-\$6,359.62	0.00%
4555	401K/ROTH EXPENSE	-\$1,938.51	0.00%
4560	GROUP INSURANCE-MEDICAL	-\$3,984.60	0.00%
	TOTAL PAYROLL RELATED	-\$23,591.66	0.00%
	TOTAL LABOR	-\$168,380.02	0.00%
	GROSS PROFIT AFTER PRIME COSTS	-\$168,380.02	0.00%
	FIXED/SEMI-VARIABLE COST		
	DIRECT OPERATING COST		
5240	VEHICLE EXPENSE	-\$76.63	0.00%
5520	TRAVEL EXPENSES	-\$187.35	0.00%
	TOTAL DIRECT OPERATING COST	-\$263.98	0.00%
	ADVERTISING/PROMOTIONS		
5010	ADVERTISING	-\$214.23	0.00%
	TOTAL ADVERTISING/PROMO'S	-\$214.23	0.00%
	GENERAL & ADMINISTRATIVE		
5080	DUES AND SUBSCRIPTIONS	-\$1,469.03	0.00%
5100	GEN LIAB/PROP DAMAGE INS.	-\$100.00	0.00%
5215	PROFESSIONAL FEES	-\$100.00	0.00%

YEAR-TO-DATE 01/01/2024 - 05/26/2024

Account	Report Line	AMT(\$)	(%)
5220	LEGAL & ACCOUNTING FEES	-\$3,110.60	0.00%
5380	BANK FEES	-\$523.55	0.00%
	<b>TOTAL GENERAL &amp; ADMIN</b>	<b>-\$5,303.18</b>	<b>0.00%</b>
	MAINTENANCE COST		
	<b>TOTAL MAINTENANCE COST</b>	<b>\$0.00</b>	<b>0.00%</b>
	OCCUPANCY		
5495	INTERNET SERVICE EXP	-\$90.00	0.00%
	<b>TOTAL OCCUPANCY</b>	<b>-\$90.00</b>	<b>0.00%</b>
	<b>TOTAL FIXED/SEMI-VARIABLE</b>	<b>-\$5,871.39</b>	<b>0.00%</b>
	<b>OPERATING NET INCOME OR (LOSS)</b>	<b>-\$174,251.41</b>	<b>0.00%</b>
	NON-OPERATING		
	OTHER INCOME		
3202	MANAGEMENT FEE SCHAUMBURG	\$108,790.18	0.00%
3203	MANAGEMENT FEE WEST LOOP	\$75,849.74	0.00%
	<b>TOTAL OTHER INCOME</b>	<b>\$184,639.92</b>	<b>0.00%</b>
	OTHER EXPENSES		
5120	INTEREST EXPENSE	-\$4,318.00	0.00%
	<b>TOTAL OTHER EXPENSES</b>	<b>-\$4,318.00</b>	<b>0.00%</b>
	<b>NET PROFIT OR (LOSS)</b>	<b>\$6,070.51</b>	<b>0.00%</b>

**Fill in this information to identify the case:**

Debtor name Kumas Holdings, LLC

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ Schedule A/B: Assets—Real and Personal Property (Official Form 206A/B)
- ☐ Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)
- ☐ Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)
- ☐ Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)
- ☐ Schedule H: Codebtors (Official Form 206H)
- ☐ Summary of Assets and Liabilities for Non-Individuals (Official Form 206Sum)
- ☐ Amended Schedule
- ☒ Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- ☐ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on

6/10/24

X

  
Signature of individual signing on behalf of debtor

**Ronald R. Cain**

Printed name

**Managing Member**

Position or relationship to debtor



**Fill in this information to identify the case:**

Debtor name **Kumas Holdings, LLC**  
 United States Bankruptcy Court for the: **NORTHERN DISTRICT OF ILLINOIS**  
 Case number (if known): \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 204**

**Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders**

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
U.S. Small Business Administration 500 W. Madison St., Suite 1150 Chicago, IL 60661		COVID EIDL LOAN				\$845,682.00

KB IV LLC  
1570 E. Golf Rd  
Schaumburg, IL 60173

Michael P. Cain  
5291 East Yale Ave.  
Denver, CO 80222

U.S. Small Business Administration  
500 W. Madison St., Suite 1150  
Chicago, IL 60661

**United States Bankruptcy Court  
Northern District of Illinois**

In re **Kumas Holdings, LLC**

Debtor(s)

Case No.

Chapter

**11**

**CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)**

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **Kumas Holdings, LLC** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

☒ None [*Check if applicable*]

**June 11, 2024**

Date

**/s/ David K. Welch**

**David K. Welch 06183621**

Signature of Attorney or Litigant

Counsel for **Kumas Holdings, LLC**

**Burke, Warren, MacKay & Serritella, P.C.**

**330 N. Wabash**

**21st Floor**

**Chicago, IL 60611**

**312-840-7122**

**dwelch@burkelaw.com**